



Managing secretions

In self-ventilating babies



Southern West Midlands
Neonatal Operational Delivery Network

Remember it is normal for babies to have mucous! Normally babies are capable of managing these secretions with adequate airway protection.

It is important that all babies experience a *variety* of positions, and whilst on a neonatal unit they will need help to do this. Changing positions regularly ensures the lungs have the optimal opportunity both to inflate properly, and move any mucous around¹ This optimises their ventilation distribution. Balance this with the need for rest. Use baby cues to direct the right time to move.

For babies who have a lot of mucous, encourage the following:

- Kangaroo care, or where appropriate to gestation, pick baby up and hold upright. When upright, baby has a better opportunity to swallow oral secretions, and the movement may stimulate a cough.
- Use a muslin to gently wipe secretions from around the mouth.
- Try to avoid using suction unless clinically indicated for maintaining a patent airway.



SWMNODN Allied Health Professionals

Katyparnell@nhs.net (SLT) sara.clarke1@nhs.net (Dietitian) Emmafoulerton@nhs.net (PT)





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Indications for suction may include:

- Visible, audible or palpable secretions *impacting on ventilation*.
- Decreased SaO₂.
- Increased oxygen requirements.
- Poor cough/inability to generate effective spontaneous cough
- Reduced chest movement/ reduced breath sounds on auscultation
- Signs of distress due to retained secretions i.e.
increased work of breathing (nasal flaring / tracheal tug / costal recession), increased respiratory rate, tachycardia, bradycardia, change of colour.

Oral suction procedure

- Ensure meticulous hand hygiene.
- Ensure baby in side lying (↓ risk of aspiration if baby gags/vomits).
- Use facilitated tucking² and 2xcarers³ to ↓stress.
- Use size 8 or 10 catheter for oral suction.
- Insert catheter into mouth – without force.
- Using knowledge of anatomy, progress catheter into oral cavity and apply suction when secretions present. Hold in place, then slowly withdraw.
- If appropriate for individual baby, if there are concerns re obstruction caused by secretions, you may proceed with caution to oropharyngeal level, where a cough may be stimulated to assist clearance of secretions.
- Avoid “whipping” the catheter around the mouth
- Use suction pressures up to 13kPa, but the lowest necessary to remove secretions.

1. Hough et al 2016 “Effect of time and body position on ventilation in premature infants” *Pediatric Research* 80(4):499-504
2. Alinejad-Naeini, et al 2014. “The Effect of Facilitated Tucking during Endotracheal Suctioning on Procedural Pain in Preterm Neonates: A Randomized Controlled Crossover Study.” *Global Journal of Health Science* 6 (4).
3. Cone et al 2013. “Endotracheal Suctioning in Preterm Infants Using Four-Handed versus Routine Care.” *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 42 (1): 92–104