

Standardization of OIT care at CIUSSS-CHUS

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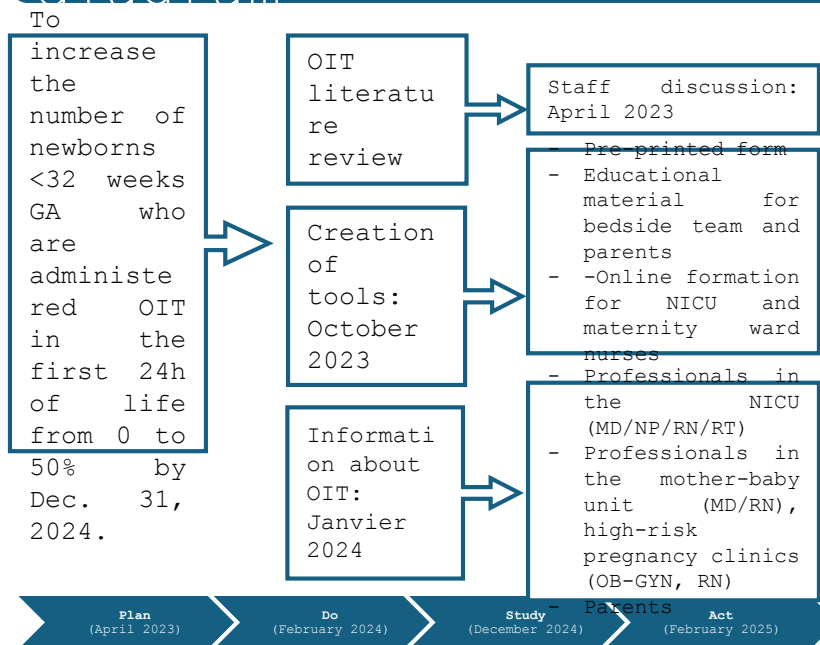
Aim

To administer oral immune therapy (OIT) to premature newborns as soon as colostrum is available.

Importance

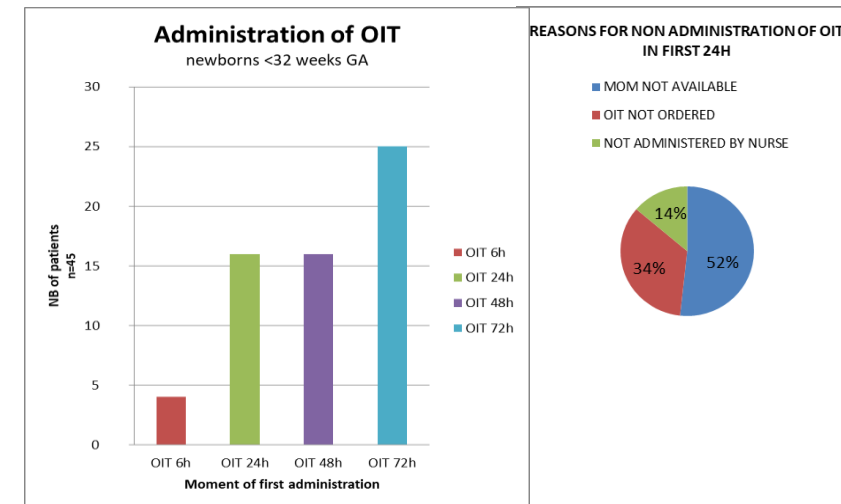
- OIT consists of oral administration of mother's own milk to neonates to potentially deliver protective biofactors. It is a safe and feasible intervention.
- OIT is part of the bundle of care to prevent nosocomial infections.
- Administration of OIT decreases the number of days to achieve full enteral feeds.
- OIT has a tendency to decrease late onset sepsis and pre-hospital discharge mortality.
- At CIUSSS-CHUS, OIT is not routinely ordered by all members of the medical team and its way of administration is heterogeneous.

PDSA and driver diagram



- Creation of tools (October 2023)
- Information to professionals and parents (January 2024)
- Standardization of the administration of OIT to newborns < 32 weeks GA
- 33% of newborns < 32 weeks received OIT in the first 24h of life
- 8%, 33%, 33% and 52% of newborns < 32 weeks received OIT in the first 6h, 24h, 48h and 72 of life respectively
- Increase the number of newborns who receive OIT in the first 24h of life to achieve the goal of 50% by one year.
- Reevaluate the tools created and improve the teaching opportunities to parents and professionals.

Results



Lessons and next stage

- Our staff is aware of the benefits of OIT.
- Some nurses are starting OIT before it's even ordered by the medical team.
- We need to support mothers with expression of colostrum in the first hours after birth in order to have access to MOM earlier.
- Next steps:
 - Reinforce collaboration with the MBU team for early milk expression
 - Reevaluate the data with the next PDSA cycle in February 2024