NON NUTRITIVE SUCKING – NEONATAL CLINICAL GUIDELINE

1. **Aim/Purpose of this Guideline**

   1.1 The aim of this document is to outline the indication for, and provide guidance on the use of pacifiers in Non Nutritive Sucking (NNS). This guideline applies to all staff that care for infants who may benefit from Non Nutritive Sucking.

2. **The Guidance**

   2.1 **Rationale**

   Non-Nutritive Sucking [NNS] is when an infant sucks on a pacifier [non-nutritive tool] or gloved finger. The infant does not receive any nutritional intake or fluid but may benefit from self-regulation, organisation and relief from pain. It is beneficial for preterm infants and often a useful precursor to breastfeeding.

   In utero, the 28-33 week foetus produces rhythmic bursts of NNS. Their ability to suck and swallow gradually develops until approximately 35-36 weeks, when the sucking rhythm and co-ordination matures due to an increase in organisation and regulation of the Central Nervous System. Infants born prematurely miss out on this opportunity to practice and develop their sucking and swallowing skills and by offering them NNS, we can help to develop these.

   The rationale for using NNS is to offer infants, who have not fully established oral feeding, the benefits of NNS.

   2.2 **Advantages of Non Nutritive Sucking.**

   There are several benefits associated with NNS;

   - Pleasurable oral experience, used to comfort and settle the distressed infant.
   - Reduces behavioural distress during painful procedures, lowers heart rate, helps infants to self-regulate- improving organised state and physiological stability, particularly during tube feeding.
   - NNS provides a developmentally supportive response to behavioural cues.
   - May provide easier or more rapid transition from nasogastric to oral feeding.
   - Increases organisation and efficiency of sucking, accelerates the maturation of the sucking reflex, enhances weight gain and may increase gastric emptying.
   - Preterm infants have the opportunity to practice sucking skills as they would do in utero.
   - Linked to a reduction in the incidence of Sudden Infant Death Syndrome [SIDS].

   2.3 **Practice Guidelines**

   Prior to Use:

   - Explain the rationale for NNS to the infant’s parents / care givers enabling an informed decision regarding its use, with their infant.
   - Once consent gained, document this on the infant’s Nutritional care-plan.
   - Select appropriate pacifier for infants gestational age;
     ‘Wee Thumbie’, for infants 30 weeks and under.
     ‘Wee Soothie’, for infants 30-34 weeks and ‘small gestational age’ infants.
     ‘NICU Soothie’ for term to 3 months.
• Ensure the pacifier is sterilised, prior to each NNS episode as per unit policy and stored in a named pot when not in use.

Document in the infant’s notes if NNS has been used, and its effects on the infant.

2.3 Use of a pacifier

• Encourage infant to open their mouth wide and extend their tongue (to mimic pre-feeding behaviour) by stroking around the mouth and on each side of the infants cheeks. Gently place pacifier in the infant’s mouth, never use force.

• For the preterm infant who has never been fed, a pacifier can be offered if the infant is awake and behavioural cues indicate that they maybe receptive to a sucking experience- allow them to suck for as long as they wish.

• For the tube fed neonate, offer a pacifier 5-10 minutes before a tube feed. Offer it again during and after the feed until the infant does not appear to want it anymore.

• For the breastfed neonate, when the infant begins to establish regular breastfeeding, discontinue use of NNS.

• For the bottle-fed neonate, offer a pacifier 5-10 minutes before a bottle feed if they show signs of hunger, enabling them to establish a quiet awake state, before beginning the bottle feed. When bottle-feeding is fully established the use of a pacifier for deliberate NNS will not be required.

2.4 Useful information:

• As infants grow, the size of the pacifier should be increased accordingly. It is better for an infant to maintain a wide mouth posture for later development and breastfeeding, rather than the tiny pursed attachment around a teat that has become too small. This information should also be shared with parents to enable them to recognise the importance of moving onto the next size.

• Ensure NNS is offered to an infant as a therapeutic intervention and not indiscriminately or for long periods of time to keep them quiet or making them wait for a feed.

• As a method of pain relief, offer the pacifier shortly before, during and after a painful procedure, until the infant is in an organised state again. Other methods of consolidation should be considered if they are reluctant to partake in NNS, i.e. containment holding.

• A gloved finger can be used as a short term NNS tool, the glove should be latex free and consent should be obtained if parents are present.
3. Monitoring compliance and effectiveness

This part must provide information on the processes and methodology for monitoring compliance with, and effectiveness of, the policy using the table below.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Key changes in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Paul Munyard. Consultant Paediatrician and Neonatologist</td>
</tr>
<tr>
<td>Tool</td>
<td>Audit. To be included in the Neonatal Clinical Audit programme. Findings to be reported to the Directorate Audit / governance meetings</td>
</tr>
<tr>
<td>Frequency</td>
<td>As dictated by audit findings.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Child Health Directorate Audit and neonatal Clinical Guidelines meetings.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Paul Munyard. Consultant Paediatrician and Neonatologist</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within 3 months of audit. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Non Nutritive Sucking - Neonatal Clinical Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>January 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>July 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>July 2019</td>
</tr>
<tr>
<td>Contact details:</td>
<td>(01872) 252667</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>The aim of this document is to outline the indication for, and provide guidance on The use of pacifiers in Non Nutritive Sucking (NNS). This guideline applies to all staff that care for infants who may benefit from Non Nutritive Sucking.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Non Nutritive Sucking. Pacifier. Dummy. Neonatal. Newborn. Neonate</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT PCH CFT KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>27 Jan 2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>New Document</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Neonatal Consultants Child Health Audit Neonatal Guidelines Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>David Smith</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ✓ Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Neonatal</td>
</tr>
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Links to key external standards

<table>
<thead>
<tr>
<th>Related Documents:</th>
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</thead>
<tbody>
<tr>
<td>NICE guideline for Non-nutritive sucking</td>
</tr>
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</table>

Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tbody>
<tr>
<td>05:05:2015</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Jo Roberts. Neonatal Staff Nurse</td>
</tr>
<tr>
<td>27:01:2016</td>
<td>V1’0</td>
<td>Approved and formatted</td>
<td>Approved by Neonatal Guidelines group. Formatted by Kim Smith S/N</td>
</tr>
</tbody>
</table>

[Please complete all boxes and delete help notes in blue italics including this note]

**All or part of this document can be released under the Freedom of Information Act 2000**

*This document is to be retained for 10 years from the date of expiry.*

*This document is only valid on the day of printing*

**Controlled Document**

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# Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>Is this a new or existing Policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Nutritive Sucking - Neonatal Clinical Guideline</td>
<td>New</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal. Child Health Directorate</td>
<td>(01872) 252667</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual completing assessment</th>
<th>Jo Roberts. Staff Nurse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1. Policy Aim*</th>
<th>This guideline applies to all staff that care for infants who may benefit from Non Nutritive Sucking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the strategy / policy / proposal / service function aimed at?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Policy Objectives*</th>
<th>As above</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Policy – intended outcomes</th>
<th>Audit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. *How will you measure the outcome?</th>
<th>Audit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Who is intended to benefit from the policy?</th>
<th>Medical, nursing and midwifery staff responsible for the care of infants who may benefit from Non Nutritive Sucking.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) If yes, have these *groups been consulted?</td>
<td>Consultant led Neonatal Guidelines Group approval.</td>
</tr>
<tr>
<td>C). Please list any groups who have been consulted about this procedure.</td>
<td></td>
</tr>
</tbody>
</table>

7. **The Impact**

Please complete the following table.

| Are there concerns that the policy could have differential impact on: |
| --- | --- | --- |
| Equality Strands: | Yes | No |
| Age | x | |

Non Nutritive Sucking - Neonatal Clinical Guideline
| Sex (male, female, transgender / gender reassignment) | x |
| Race / Ethnic communities / groups | x |
| Disability - learning disability, physical disability, sensory impairment and mental health problems | x |
| Religion / other beliefs | x |
| Marriage and civil partnership | x |
| Pregnancy and maternity | x |
| Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian | x |

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. No

9. If you are not recommending a Full Impact assessment please explain why.

No area indicated

Signature of policy developer / lead manager / director
Paul Munyard

Date of completion and submission
27:01:2016

Names and signatures of members carrying out the Screening Assessment 1. 2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ______ Kim Smith _______

Date ______ 27:01:2016 _______