Coconut Oil - Topical NEWBORN USE ONLY

Alert	Do not use non-pharmacological grade products on newborn infants.
Indication	May be indicated for preterm infants <28 weeks – To maintain skin integrity
Action	Coconut oil has moisturising effect when applied to the skin.
Drug Type	Purified coconut extract (Cocos nucifera): high in saturated fat particularly medium chain
Diug Type	triglycerides.
Trade Name	TUTU Baby oil
Presentation	5 mL sachets
Dose	Time of commencement and frequency of application: At the discretion of the clinician.
	Suggested regimen (modified COSI-2 trial protocol) ⁶ May start within 24 hours of birth and continue until transfer or discharge. <26*** weeks gestation at birth 1 sachet FOUR times a day for the first week of life, and from day 8 of life: If in incubator: 1 sachet TWICE daily If in open cot: 1 sachet ONCE daily
	≥26 ⁺⁰ weeks gestation at birth If in incubator: 1 sachet TWICE daily If in open cot: 1 sachet ONCE daily Applications should coincide with routine care.
Dose adjustment	Not applicable.
Maximum daily	Not applicable.
dose	
Route	TOPICAL
Preparation	Use direct from sachet.
Administration	Prior to Application:
	Perform hand hygiene as per protocol.
	Coconut oil can be applied without gloves (provided infant and nurse/carer skin is intact)
	Application:
	Nurse/carer to apply the oil during routine cares to the entire intact skin (front and back). Do
	not apply oil to the face, scalp, and sites of vascular access or other devices (e.g. chest drain).
	Use only a few gentle strokes to apply oil. Do not massage. Application should only take 1-2
	Minutes. Discard any unused oil in the sachet after opening
Monitoring	Discard any unused oil in the sachet after opening. Temperature, fluid and electrolyte balance.
Contraindications	reinperature, nuiu anu electrolyte palance.
Precautions	Emollients reduce adhesiveness of dressings and tape used to secure endotracheal tubes and
. recautions	catheters.
Drug Interactions	
Adverse	No information.
Reactions	
Overdose	Not applicable.
Compatibility	Not applicable
Incompatibility	Not applicable
Stability	Not applicable.
Storage	Room temperature
Excipients	Purified coconut extract (Cocos nucifera)
Special	·
Comments	
Evidence	
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	Efficacy		
	Use in preterm infants		
	A systematic review included 15 trials (3492 infants) that assessed the effect of topical plant or		
	vegetable oils. Most of these trials were undertaken in low- or middle-income countries and were		
	based in healthcare facilities. Meta-analyses suggested that topical oils may reduce invasive		
	infection (3256 infants, 9 trials; RR 0.71, 95% CI 0.52-0.96; I ² = 52%; low certainty evidence) but		
	have little or no effect on mortality (316 infants, 1 trial; RR 0.94, 95% CI 0.81-1.08, I^2 = 3%; low certainty evidence).		
	Meta-analysis of 4 trials ²⁻⁵ found use of coconut oil compared to routine skin care reduced the rate		
	of invasive infection (any organism) (4 trials, 2686 infants; RR 0.16 {95% Cl 0.10, 0.24); RD -0.09 (-		
	0.11, -0.07), NNT 11 (9, 14); 1 ² =74%] and mortality (3, 393; RR 0.13 (0.02, 0.71); RD -0.05 (-0.09, -		
	0.01); NNT 20 (11, 100); 1^2 =49%]. A single small trial ³ including 72 infants reported no difference in		
	BPD [RR 0.93 (0.53, 1.64)], NEC [RR 0.20 (0.01, 4.03)], severe ROP [RR 1.00 (0.27,		
	3.69)] or moderate to severe neurodevelopmental disability. A single trial including 63 infants		
	reported an increase in rate of weight gain [MD 2.50 g/kg/day (1.16, 3.84) but no difference in		
	change in crown- heel length [MD 0.70 mm/week -3.22, 4.62) or change in head circumference [MD 0.20 mm/week (-1.81, 2.21)].		
	A multicentre Australia/NZ based cluster RCT (COSI-2 trial) evaluating topical coconut oil completed		
	enrolment of >1,500 extremely preterm infants and results are awaited in 2025. ⁶		
Practice points	The level of certainty about the effects of emollient therapy on invasive infection or death in		
Tructice points	preterm infants is low. Since these interventions are mostly inexpensive, readily accessible, and		
	generally acceptable, further good-quality randomised controlled trials in healthcare facilities, and		
	in community settings in low- or middle-income countries, may be justified. 1		
	Only pharmaceutical grade products should be used.		
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