Neonatal Unit
Managing your Babies Pain
Information Leaflet

Liverpool Women's NHS Foundation Trust

While your baby is with us on the Neonatal Unit it is sometimes necessary for the staff to carry out procedures and tests; some of these may cause pain or discomfort to your baby. Even just being separated from you in the incubator can cause your baby to feel some stress.

This leaflet contains information on:

- How you can work with staff to recognise when your baby is in pain or feeling uncomfortable
- Some of the things the nurses and doctors might do to reduce their pain
- Some ways that you can comfort your baby.

In newborn babies it is hard to tell the difference between whether they are feeling stressed or in pain so we have to make sure we try and deal with both.

How do we tell if babies are in pain or feeling stressed?

Babies show some of the signs of pain and distress that older people do, however, because they can't talk to us babies need to be looked at more closely.

At least once every shift the nurses will do a score, called N-PASS (Neonatal Pain, Agitation and Sedation Score), which measures the level of discomfort your baby is in.

They are looking at a number of different things:

FACE – does your baby look unhappy, grimacing, wrinkled nose and forehead or are they relaxed with smooth features

BEHAVIOUR – is your baby agitated and wriggly with sudden jerky movements or are they occasionally agitated but mostly still

TONE – is your baby tensing its arms and legs, are the fingers clenched or relaxed

CONSOLABILITY – is your baby irritable, often crying and very hard to settle or are they easily consoled with containment or dummy.

What can I do to make my baby more comfortable?

Strategies for pain relief

1. Containment

Premature babies enjoy a 'still containment hold' more than stroking or patting. To do this, let your hands just rest on your baby in the incubator placing one hand on your baby's head and the other one onto your baby's middle or bottom. This "still containment hold" helps to make your baby feel secure and relaxed.

Your baby can lie on a thin sheet or muslin square which should be wrapped around them during handling and procedures to help them feel protected.

2. Environment

The unit is very bright and noisy and we try and reduce the light and noise your baby is exposed to. In intensive care they should always have an incubator cover on and sometimes the staff's turns down the lights for a few hours in the day as well as at night. If your baby is by the window the blinds should be down if the sun is shining in. We encourage the staff to talk quietly and we ask visitors to do the same (we only allow two visitors to each baby at any time and ask you not to swap them over in one day).

Although a lot of noise and loud sounds can be disturbing for your baby, the sound of your voice is familiar and comforting so talking or perhaps quietly reading while doing skin to skin or containment can be very restful for your baby.

3. Non-nutritive sucking

When your baby is admitted to the Neonatal Unit the staff will ask your permission to use a dummy and/or give your baby sucrose for uncomfortable procedures. Sucking on a dummy with or without sucrose during procedures is an effective way of helping reduce pain and stress in your baby.

4. Skin to skin

If your baby is well enough then laying them directly onto your chest is a good way to calm and relax him/her. It also encourages bonding between you and your baby. Once your baby is stable the nurses should encourage you to have skin to skin at least once a day.

5. Positioning

Sometimes just simply repositioning your baby using positioning aids such as a rolled blanket will help them to settle; moving your baby's hands to their mouth is important to allow them to comfort themselves.

6. Sucrose

Sucrose is used to relieve pain in babies undergoing painful procedures. Research has shown that sucrose is a very effective analgesia in babies over

31 week's gestation, or when they reach 32 weeks corrected age if born before this time.

Sucrose is a sugar and water solution. Although it is a foodstuff, not a medicine, it is prescribed so we can record the doses your baby has received. Sucrose works by stimulating babies own natural chemicals to ease pain.

Examples of the type of procedures it could be used for are:

- Having a drip inserted
- Lumbar punctures
- Having blood taken by needle or heel prick.

How will it be used?

Your baby will be given a small amount of Sucrose 24% given on a pacifier (dummy) or directly into the mouth just prior to or during a painful procedure.

Strategies for pain relief

Are there any concerns about safety? Sucrose used like this will not affect baby's teeth. There are some thoughts that sucrose may affect baby's taste for sweet foods in the future however there is little research evidence for its use under 32 weeks gestation.

Staff will ask your permission:

- To use a pacifier (dummy) for painful procedures
- Or/and to give your baby sucrose.

What will happen then?

Whatever your decision it will be documented and will guide us for future procedures throughout your baby's stay in hospital. If you have any questions please ask the nurse caring for your baby, an Advanced Neonatal Nurse Practitioner or ask to speak to a Doctor.

Medicines we sometimes use for pain relief

1. Morphine

If your baby is ventilated they may receive morphine through an intravenous infusion. We can increase or decrease the dose depending on how much discomfort you and the nurses feel your baby is in; not all babies on the ventilator need morphine and we try to stop it as soon as we feel your baby no longer needs it.

2. Paracetamol

If your baby needs pain relieving medicine but is not ventilated we will give them Paracetamol through their drip; they also will have Paracetamol if they have had surgery. We sometimes give oral Paracetamol as a liquid medicine if they have had a difficult forceps delivery.

Other General Points

Sometimes the staff may feel that your baby has had a lot of distress and disturbance. They may suggest that it would be best to allow your baby to rest and sleep for a while so that he can regain his strength. If this does happen please understand that the staff believes that this personal quiet time is best for your baby.

For some procedures there should be two people present, one to perform the procedure and the other one to offer comfort and console your baby. If you feel you would like to cuddle or hold your baby during the procedure please ask the nurse who is looking after your baby.

Please remember, if you find that your baby likes to be comforted in a particular way, please let the staff know. You know your baby better than us!

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at Pals@lwh.nhs.uk

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Tel: 0151 708 9988
Ref: Neo_2018-4
Issue Date: July 2017
Review Date: July 2020

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