Three Minute Article for Parents

What do parents need to know about pain in newborn babies?

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Newborns undergo painful procedures, such as heel prick, blood drawing and vaccination. They react to pain in different ways such as crying, grimacing, disturbance of sleep patterns, increased oxygen usage and increased stomach acidity. In addition, research has shown that pain in newborns has long-lasting effects on the immune system (natural protection system) as well as neuro-endocrine systems (hormonal effects). Thus, the effects of pain on newborns are quite significant and remarkable. Common misconceptions are that newborns do not feel much pain due to the under-developed or immature nervous system and that they do not remember pain. Newborns, irrespective of whether they are term or preterm, do experience pain. Thus they have a compelling right to receive effective and safe pain relief.

Generally, oral medications are rarely used during minor painful procedures in newborns due to safety issues. Local anaesthetic gels are not very effective in procedural pain. Sweet taste is effective for reducing behavioural changes linked to pain. We have shown that breast feeding and skin to skin care are simple effective methods. Certain studies in the literature have concluded that breastfeeding provides superior analgesia compared to oral sucrose (common sugar) in newborns. Interestingly, a research study conducted in Turkey has concluded that the smell of lavender and breast milk helps to reduce pain during heel prick in neonates.

Simple and useful interventions such as providing skin to skin care and breast feeding are preferred methods in our set up. These are natural calming methods to reduce pain in infants while adding little or no additional cost or effort. Skin to skin care can be provided by the father or any other caregiver, in the absence of the mother.

Several obstacles have been identified in introducing these simple methods into hospital or out-patient situations. Practical difficulties of coordinating a mother-baby pair during blood drawing in a busy ward or out-patient scenario is a challenge. Lack of knowledge about the effects of pain and pain management among health care professionals and parents are also highlighted as barriers. Thus, a knowledgeable professional and a knowledgeable parent are responsible in preventing short and long term consequences of infant pain.

In conclusion, we all should not marginalize or neglect newborn pain management and all efforts should be directed towards minimising the potential adverse effects of pain inflicted on newborn babies.

Reference:
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