

## 5.1 Infants

Infants are a vulnerable population to the effects of pain due to their inability to verbally communicate their experience of pain and their high reliance on caregivers to know that they have pain and to act appropriately on it.

Research has determined that there are 4 simple but effective methods reducing the impact of procedural pain for infants [42]. Remember to be sweet to babies by including [43]:

- Breast feeding [44]
- Sucrose[45, 46]
- Skin to skin contact [47]
- Facilitated tucking and swaddling [48]

### 5.1.1 Breast feeding

It is strongly recommended that breast feeding be provided to reduce procedural pain for children two years and younger where available [3]. Breast feeding during a painful procedure is thought to reduce pain related distress through the mechanisms of physical comfort, ingesting a sweet tasting solution, sucking and distraction [3].

### 5.1.2 Sucrose

Sucrose is strongly recommended for routine use during medical procedures for infants who are not breastfed [3]. The mechanisms of sucrose induced analgesia are not completely understood but are thought to include the release of endogenous opioids. Regardless, research has established that the use of sucrose or other sweet tasting solutions reduce the behavioural response to painful procedures [43].

Although not a drug, sucrose is considered as an analgesic agent used for procedural pain management and the RCH recommends it is used for children  $\leq 18$  months of age [3].

Guidelines for the use of sucrose at RCH can be found here:

Link to: sucrose

[http://www.rch.org.au/rchcpg/hospital\\_clinical\\_guideline\\_index/Sucrose\\_oral\\_for\\_procedural\\_pain\\_management\\_in\\_infants/](http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Sucrose_oral_for_procedural_pain_management_in_infants/)

### **5.1.3 Skin to skin contact**

Skin-to-skin contact, also known as kangaroo care, involves the caregiver holding a diaper clad baby against their bare chest. The contact between caregiver and child begins before the procedure and continues through to after the procedure. There is strong evidence that skin-to-skin contact reduces pain related distress associated with medical procedures [3, 47, 48].

### **5.1.4 Facilitated tucking and swaddling**

Sufficient evidence exists to support the use of facilitated tucking and swaddling to reduce procedural pain-related distress reactivity and immediate pain-related regulation in pre-term infants [48]. The purpose of facilitated tucking and swaddling are:

1. To enhance the security of the infant by containing them
2. Minimise excess movement

Facilitated tucking is a technique that securely wraps an infant with extremities flexed and close to the trunk. Swaddling differs as it involves wrapping an infant in a blanket with minimal containment. The limbs are flexed with the hands accessible for exploration [49].