



Extending Courtesy to Our Littlest Patients: Interdisciplinary Collaboration to Promote Skin to Skin for Neonatal Comfort

Florida Hospital Celebration
Health

Perinatal Nursing

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Background

❖ Project Purpose:

The purpose of the poster is to share the experience of integrating the evidence-based neonatal pain reduction strategies of skin to skin and breastfeeding to positively effect the perception of lab technician courtesy in the maternity setting.

❖ Abstract:

Laboratory services sought collaboration to increase satisfaction in the perception of their courtesies towards the mother/infant population. Our facility is on the Baby-Friendly journey and had already hardwired skin to skin contact into our standard nursing care. This project aimed to extend the practice of encouraging skin to skin and breastfeeding to our interdisciplinary colleagues. A review of the literature revealed multiple randomized controlled studies and a systematic review that provided evidence that infants who are placed skin to skin and/or allowed to breastfeed or suck during painful procedures experienced a 50% or greater reduction in pain based upon a standardized neonatal pain assessment tool. The literature also suggested that babies only a couple of days old remember painful procedures and that aversion remains with them. This knowledge was translated into a training program for laboratory technicians who served the maternal/infant unit.



Education Focus



- **Babies feel pain completely!!**
- Ways to reduce newborn pain
 - Skin to skin contact
 - Breastfeeding
 - Breast Milk feeding
 - Non-nutritive sucking



- All are options when obtaining an infant blood sample!
- Babies cry less and have lower pain scores

Multiple randomized controlled studies and a systematic review have provided evidence that infants who are placed skin to skin, allowed to breastfeed or suck experience a 50% or greater reduction in pain based upon a standardized neonatal pain assessment tool.



Education Included:

- ❖ Addressing the baby directly
- ❖ Employing the mother's assistance
- ❖ Reassuring her she could help make baby more comfortable
- ❖ Keeping the conversation non-clinical to avoid mixed messaging regarding breastfeeding and pacifier use

PG Survey Question "Courtesy of the Lab Tech"

2013 Q1-46th percentile

April 2013-began education intervention for lab techs

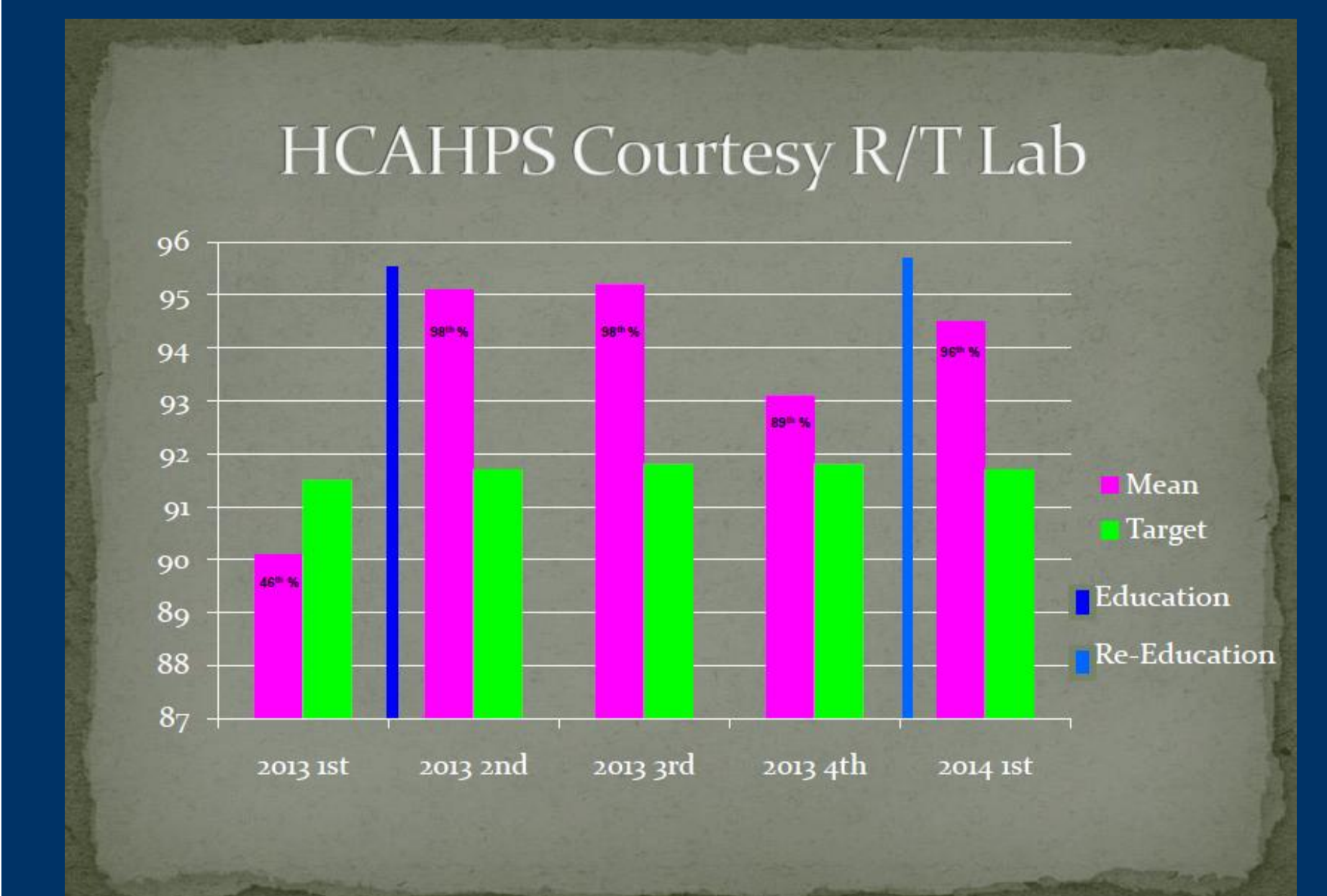
2013 Q2-98th percentile

2013 Q3-98th percentile

2013 Q4-89th percentile

January 2014-Re-education intervention for lab techs

2014 Q1-96th percentile



References

Campbell-Yeo, M., Fernandes, A., & Johnston, C. (2011). Procedural pain management for neonates using nonpharmacological strategies. *Advances in Neonatal Care, 11*(5), 312-318. doi: 10.1097/ANC.0b013e318229aa76.

Johnston, C., Campbell-Yeo, M., Fernandes, A., Inglis, D., Streiner, D., & Zee, R. (2010). Skin-to-skin care for procedural pain in neonates. *Cochrane Database of Systematic Reviews, 3*. doi: 10.1002/14651858.CD008435.

Razek, A. A. & El-Dein, N.A. (2009). Effect of breast-feeding on pain relief during infant immunization injections. *International Journal of Nursing Practice, 15*, 99-104.

Saedi, R., Asnaashari, Z., Amirnejad, M., Esmaili, H., & Robatsangi, M.G. (2011). Use of "Kangaroo Care" to alleviate the intensity of vaccination pain in newborns. *Iranian Journal of Pediatrics, 21*(1), 99-102.