

## Managing Procedural Pain in Newborns Undergoing Blood Collection

### Purpose

This procedure provides instruction for Medical Laboratory Assistants on how to promote and support the BC Women’s Hospital’s position statement for Mother & Baby Togetherness while performing blood collection procedures on babies in the inpatient and outpatient settings. The position statement addresses reducing pain in newborns undergoing routine minor painful procedures including blood collection.

### Procedure

	Action	Related Documents	
<b>1.</b>	Assess suitability of location before encouraging Mother and Baby togetherness		
	<b>If</b>	<b>Then</b>	
	suitable (i.e. patient room, NICU, Fir Square Nursery, Outpatient Collection Labs 2F40 and K0-137)	proceed to step 2	
	unsuitable (i.e. hallway, areas behind nursing station)	relocate mother and baby to suitable location	
<b>2.</b>	Assess mother and baby scenario	Supportive Interventions for Healthy Newborns Undergoing Routine Minor Painful Procedures	
	<b>If</b>	<b>Then</b>	
	mother and baby are in skin to skin contact and/or actively breastfeeding	encourage mother to continue  <b>Note:</b> Mother and baby are not to be separated unless a request is made by mother or partner.	
	mother is NOT skin to skin or breastfeeding but wishes to while blood is being collected	advise mother you will give her a few minutes to have baby latch on and start to feed; promote skin to skin contact.  <b>Note:</b> For an effective analgesic effect the baby should be allowed to breastfeed at least <b>5 minutes</b> before performing the procedure and carried on for at least 5 minutes post procedure to allow infant time to recover.	

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	mother unable or does not wish to breastfeed but would like to hold baby skin to skin while collection is being performed	encourage skin to skin contact and non nutritive sucking with mother/partner on bed or in chair  <b>Note:</b> For an effective analgesic effect skin to skin contact should be initiated approximately <b>10-15 minutes</b> prior to procedure and carried on for at least 10-15 minutes post procedure to allow infant time to recover.	
	mother/partner/RN wants to provide comfort by placing hands on baby while in bassinette	demonstrate facilitated tucking encourage mother/partner to do facilitated tucking in addition to non nutritive sucking  <b>Note:</b> for an effective analgesic effect facilitated tucking should be initiated approximately <b>3 minutes</b> prior to procedure and carried on for at least 3 minutes post procedure to allow infant time to recover.	
	family member requests a female MLA	enlist help of RN, if family still has concerns have RN contact Lab to request a female MLA be dispatched for collection	
<b>3.</b>	Determine if you are physically able to do the collection		
	<b>If</b>	<b>Then</b>	
	yes	proceed to step 4	
	no	advise mother you will have another MLA come to do collection ASAP and call Lab to have MLA dispatched for collection.	
<b>4.</b>	Make necessary ergonomic adjustments to avoid injuries		
	<b>If in</b>	<b>Then either</b>	
	bed or a bassinette	raise or lower (as per manufacturer's instructions) to a comfortable height.	
	chair	<ul style="list-style-type: none"> <li>• place a second stool/chair in close proximity to mother/baby if comfortable</li> <li>• kneel using kneeling pad</li> <li>• squat beside mother/baby</li> </ul>	
<b>5.</b>	Position collection materials in close proximity to access necessary equipment easily		
<b>6.</b>	Ensure the baby is calm and securely held for the prescribed time frame as per Step 2 before starting the procedure.		

<b>7.</b>	Proceed with collection using Baby Friendly Initiative Infant Blood Collection Ergonomic Tips	CWAC_PHL_4300 Venipuncture Collection  CWAC_PHL_4500 Micro Collection Heel Puncture  CWAC_PHL_1150JA2 Baby Friendly Initiative Infant Blood Collection Ergonomic Tips Sheet
<b>8.</b>	Offer encouragement during and after collection <ul style="list-style-type: none"> <li>• Reassure that even in the best of conditions some babies will still be disturbed and cry.</li> <li>• Reassure the family that they are doing their best and assure them the baby is getting comfort from the physical closeness and holding.</li> </ul>	
<b>9.</b>	Advise family to continue with comfort measures for the prescribed time frame as per Step 2 once the collection is complete	
<b>10.</b>	Return bed/bassinette and/or stool/chair to original position	

**References:**

1. CLS Accessioning Bulletin # 43 - Nov 2005
2. CLS Accessioning Bulletin # 44 - Dec 2005
3. CLS Accessioning Bulletin # 45 - Dec 2005
4. CLS Accessioning Bulletin # 82 - Nov 2008
5. CLS Accessioning Bulletin # 92 - Aug 2010
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10. Hoteling, B (2004) Is Your Perinatal Practice Mother-Friendly? A Strategy for Improving Maternity Care. BIRTH 31:2 June 2004.
11. Position Statement for Mother and Baby Togetherness. April 2005
12. Shah PS, Herbozo C, Aliwalas LL, Shah VS. Breastfeeding or breast milk for procedural pain in neonates, Cochrane Database Syst Rev 2012;12:CD004950
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14. Pillai Riddell RR, Racine NM, Turcotte K, Uman LS, Horton RE, Din OL, et al. Non-pharmacological management of infant and young child procedural pain. Cochrane Database Syst Rev 2011;(10):CD006275
15. Gabriel, M. 2013. Analgesia with breastfeeding in addition to skin-to-skin contact during heel prick. Archives of Disease in Childhood – Fetal and Neonatal edition, 98(6):F499-503
16. CPS Fetus and Newborn Committee, 2015 Prevention and management of pain in the neonate: An update. Pediatrics 2006;118:2231-2241
17. AAP COMMITTEE ON FETUS AND NEWBORN and SECTION ON ANESTHESIOLOGY AND PAIN MEDINE. Prevention and Management of Procedural Pain in the Neonate: An Update. Pediatrics 2016;137(2):e20154271

**Job Aids:**

CWAC\_PHL\_1150JA2 BFI Infant Blood Collection Ergonomic Tip Sheet

Supportive Interventions for Healthy Newborns Undergoing Routine Minor Painful Procedures

## REVISION LOG

Version	Description of Change	Revision Date	Implementation Date
1.0	Created	2005	2005
2.0	Transferred to current format	15 March 2014	15 March 2014
2.1	Comfort baby by placing mom's finger in baby's mouth – removed. re worded completely	31 March 2014	24 Nov 2014
	Purpose & Definition – delete heading		
2.2	Updated to current format	27 May 2014	27 May 2014
2.3	Update to include: <ul style="list-style-type: none"> <li>• Skin to Skin</li> <li>• use of kneeling pad to provide comfort</li> <li>• Baby Friendly Initiative Infant Blood Collection Ergonomics Tips</li> </ul>	4 April 2016	4 April 2016
2.4	<ul style="list-style-type: none"> <li>• Modify title</li> <li>• Modify Purpose</li> <li>• Delete note in Step 3 re: refusing option to collect while baby being comforted – this is not an option</li> <li>• Step 3: Notes added to include pre and post time frames for BF (5 min), S2S (10-15 min) FT (3 min)</li> <li>• Algorithm for Supportive Interventions added</li> <li>• References added</li> <li>• Document Approval Sheet modified to reflect position changes</li> </ul>	6 June 2016	29 Aug 2016
2.5	Added instructions to contact lab to dispatch a female MLA if family has an issue with a male MLA taking the blood	14 Nov 2016	14 Nov 2016
2.6	Remove unsuitable OP lab rooms based on recent renovation to OP lab	08 May 2017	08 May 2017
3.0	<ul style="list-style-type: none"> <li>• Formatted change for QMS upload</li> <li>• Added document disclaimer for ePOPS upload</li> <li>• Archived CWAC_PHL_1150JA1 Mother and Baby Togetherness Policy Statement</li> </ul>	17 May 2017	17 May 2017

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