Infants born sick or premature who are admitted to the NICU frequently endure painful procedures during their stay. Procedures such as routine care, heel pricks, blood draws, intravenous catheter insertion, respiratory interventions (suctioning or intubation), and surgical procedures are painful stimuli that can have negative effects on the infant. There is a growing body of evidence showing that infants may develop long-term consequences as a result of experiencing repeated painful stimuli including emotional, behavioral, and learning difficulties. In addition, parents of infants receiving care in the NICU report that one of the greatest sources of parental stress is the worry that their baby is experiencing pain.

The prevention or reduction of pain an infant experiences should be the goal for all caregivers, as well as an expectation of the parents. Pain assessment tools are used to measure pain responses in neonates because of the infant’s inability to report pain. These tools may measure physiological indicators (e.g., heart rate, respiratory changes) and behavioral indicators (e.g., facial expressions, body movements, crying). An infant’s pain should be assessed routinely, as well as before and after procedures.

Pain prevention strategies in neonates include nonpharmacological interventions, as well as the use of pharmacologic agents such as opioids or other analgesic agents such as acetaminophen. The most effective way to alleviate pain is to reduce or eliminate unnecessary procedures. Other methods to reduce pain include developmental interventions performed by the caregiver or a parent. For routine care procedures, nonpharmacological interventions may be sufficient to reduce or prevent pain in an infant.

Nonpharmacological interventions include
- containment or facilitated tucking (swaddling, positioning)
- nonnutritive sucking (use of pacifier with oral sucrose or breast milk)
- kangaroo care or skin-to-skin contact with mother
- maternal presence during procedure
- decreasing light and noise to provide calming environment.

Bibliography
Pain Management: Information for Parents

Pain management is an important part of care in the neonatal intensive care unit (NICU). While your baby is in the NICU, the doctors and nurses are doing everything they can to make sure your baby is comfortable and not in any pain. Although it is natural for you to be worried that your baby is hurting, there are many ways to prevent pain and make potentially painful procedures more comfortable.

There are many ways to lower pain without using medications. This is called nonpharmacological pain management. This includes:

- swaddling the baby snugly in a blanket
- holding the baby skin to skin, also called kangaroo care
- offering the baby a pacifier to suck on
- letting the baby nurse at the breast before, during, and after a painful procedure
- keeping the baby distracted with rocking, gentle touch, soft sounds, and low light
- giving the baby a solution of sugar water on their tongue or on a pacifier.

If your baby's providers think that a procedure they need to do will cause more pain, they can use many safe and effective medications to help relieve that pain. This includes everything from applying numbing cream to the skin to offering medicines to stop the pain.

If you’re worried that your baby is in pain, you can ask the NICU nurses to help you learn how to tell if your baby needs something (Is your baby hungry? Does he or she need a diaper change?) or if he or she is hurting. After going home, you can continue following these tips to help your baby if you think he or she is in pain:

- Wrap your baby in a blanket to provide comfort and to help him or her feel safe.
- Give your baby a pacifier or offer breastfeeding.
- Provide skin-to-skin care by holding your baby with their bare skin up against yours (kangaroo care).
- Keep lights and noise down to provide calm.
- Talk to your baby’s provider about medicines that can help with pain.