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We do still hurt babies

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Thirty years ago, my daughter had open heart surgery. A clinical nurse specialist pre-operatively explained every step of the surgery, every critical event, and every tube and monitor we would see after surgery. When we were reunited with my daughter after surgery, my elation at her survival turned to horror as I realized she was on a paralytic; but not receiving anything for pain!

My husband and I were then told by the physicians and nurses we had entrusted with her care, that “babies don’t feel pain” and pain treatments were “too dangerous for infants.” I demanded my daughter be given the pain medications that I, as a student nurse, had been giving my adult patients for postoperative pain. Even though someone wrote in my daughter’s chart that I was a young demanding mother, I don’t believe these intelligent and caring healthcare professionals just gave in to my demands. I don’t think they actually believed these myths and excuses for not treating babies’ pain. It has since been my calling and my professional responsibility to challenge pediatric healthcare providers to stop making excuses and relieve children’s pain.

Twenty years later, a research report¹ title caught my eye “Do we still hurt newborn babies?” The answer was unfortunately “yes.” So when asked to be a special editor for this edition devoted to neonatal pain, I put out a call to the leading pain researchers in the world. I wanted to share with you the cutting edge research that would revolutionize neonatal pain assessment and promise a pain management paradigm shift that would allow us to promise parents pain prevention and complete pain relief techniques for their babies’ pain.

In this edition of the Journal you will learn from Tarja Maarit Polkki, et al.’s study of neonatal nurses that the majority don’t use validated pain assessment tools and evidence-based nonpharmacologic strategies in their neonatal intensive care units. Based on neonatal nurses’ self-report, written instructions and unit guidelines are associated with evidence-based practices that were innovative last century.

There are three innovative studies in this edition. I believe Funda Buyukyilmaz, et al.’s randomized controlled trial is the first report of the use of this nonpharmacologic device to address needle pain within 15 minutes of birth. Dr. Buyukyilmaz submitted this report with the word “innovative” in the title; but the first publications about this device are over a decade old.

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How can we accelerate knowledge translation to neonatal pain care? Denise Harrison, et al. provides the analytics and shares the challenges of using social media as an innovative approach to accelerate knowledge translation. Mariana Bueno, et al. mines social media and provides an introduction of how YouTube postings might be leverage as a research tool to determine the status of knowledge translation. Breastfeeding was not used as a nonpharmacologic strategy in the Portugese YouTube videos reviewed. In Britney Benoit, et al.'s updated systematic review, you will learn breastfeeding is analgesic for neonates; but breastmilk is not.

Perhaps the challenge to translation of knowledge into routine clinical care of neonates is the ineffectiveness of currently available and validated pain assessment tools and pain management strategies; and/or perhaps these tools and strategies are undervalued by neonatal nurses. I invited Erin Young, et al. to concisely explain the neurobiological evidence and challenges to the pain assessment and nonpharmacologic treatment strategies reported in this edition, as well as the consequences of these early painful experiences. We must pool our resources to shift the current paradigm of neonatal pain care from excuses and antiquated research methods to novel approaches, precision medicine, brain initiatives. We must leverage data science, big data analytics, computer learning, and artificial intelligence to solve problems and build networks. Mats Eriksson, et al. introduces such an effort by PEARL.

In 2017, “do we still hurt newborn babies?” Unfortunately, the answer is still “yes, we do.” It is up to YOU, the practicing perinatal and neonatal nurse, and YOU, the nurse scientist to challenge the excuses that leave your vulnerable patients to suffer pain! A nurse, Margo McCaffery, defined pain; and pediatric nurse, Jo Eland, in her presidential address to the American Society for Pain Management Nurses stated “every nurse is a pain management nurse!” After reading this edition, watch for progress on PEARL’s website, scan social media, and champion your own efforts to stop hurting neonates!

References

1. Simons SH, et al. Do we still hurt newborn babies? A prospective study of procedural pain and analgesia in neonates. Arch Pediatr Adolesc Med. 2003; 157(11):1058–1064. [PubMed: 14609893]