

Be Sweet to Babies: A pilot evaluation of a brief parent-targeted video to improve pain management practices

Catherine Larocque, BScN student,^{1,2} Denise Harrison, RN, PhD,^{1,2} Jessica Reszel, RN, MScN,² JoAnn Harrold, MD,² Cheryl Aubertin, RN, MScN²
¹School of Nursing, University of Ottawa, ²Children's Hospital of Eastern Ontario

Introduction

Newborns have blood work for screening in their first days of life and preterm or sick hospitalized infants need many more needle-related procedures. These procedures cause pain, distress, and contribute to long-term adverse developmental and cognitive outcomes. There are three effective, simple, and safe ways to minimize pain in newborns during painful procedures:

- **breastfeeding (BF)**
- **skin to skin care (SSC)**
- **Small volumes of sweet solutions (sucrose or glucose).**

Studies of neonatal pain management practices consistently show infrequent use of these strategies

Aims

To test a parent-targeted knowledge translation (KT) intervention, the *BSweet2Babies* video, which demonstrates **BF, SSC, and sucrose** for pain management during blood work for neonates. The study aimed to determine parents' perceptions of the acceptability, usefulness, and preliminary effectiveness of the video in influencing intent and use of **BF, SSC, and sucrose**.

Methods

A survey consisting of seven questions and one comment box. All parents of eligible infants at the participating Neonatal Intensive Care Unit (NICU) were approached to obtain informed consent. The parents were shown the *BSweet2Babies* video by the research assistant during their infant's stay in the NICU. After watching the video the parents completed the survey. Descriptive statistics were used to analyze all data from the survey and content analysis was used to analyze the comments.

Results

Between July 3rd 2014 and December 11th 2014, 50 parents (33 mothers and 17 fathers) were enrolled in the study (**Table 1**). Results indicate that prior to watching the video, 44 parents had **not used BF**, 41 had **not used SSC**, and 18 had **not used sucrose** to reduce procedural pain in their newborn (**Figure 1**). After viewing the video 47 parents intended to advocate for BF, SSC, or sucrose and 44 said they would recommend the video to other parents (**Figure 2**).

		n	%
Parent	Mothers	33	66%
	Fathers	17	34%
Parity	1 st baby	26	52%
	2 nd baby	21	42%
	3 rd baby	3	6%

TABLE 1. Participant Demographics

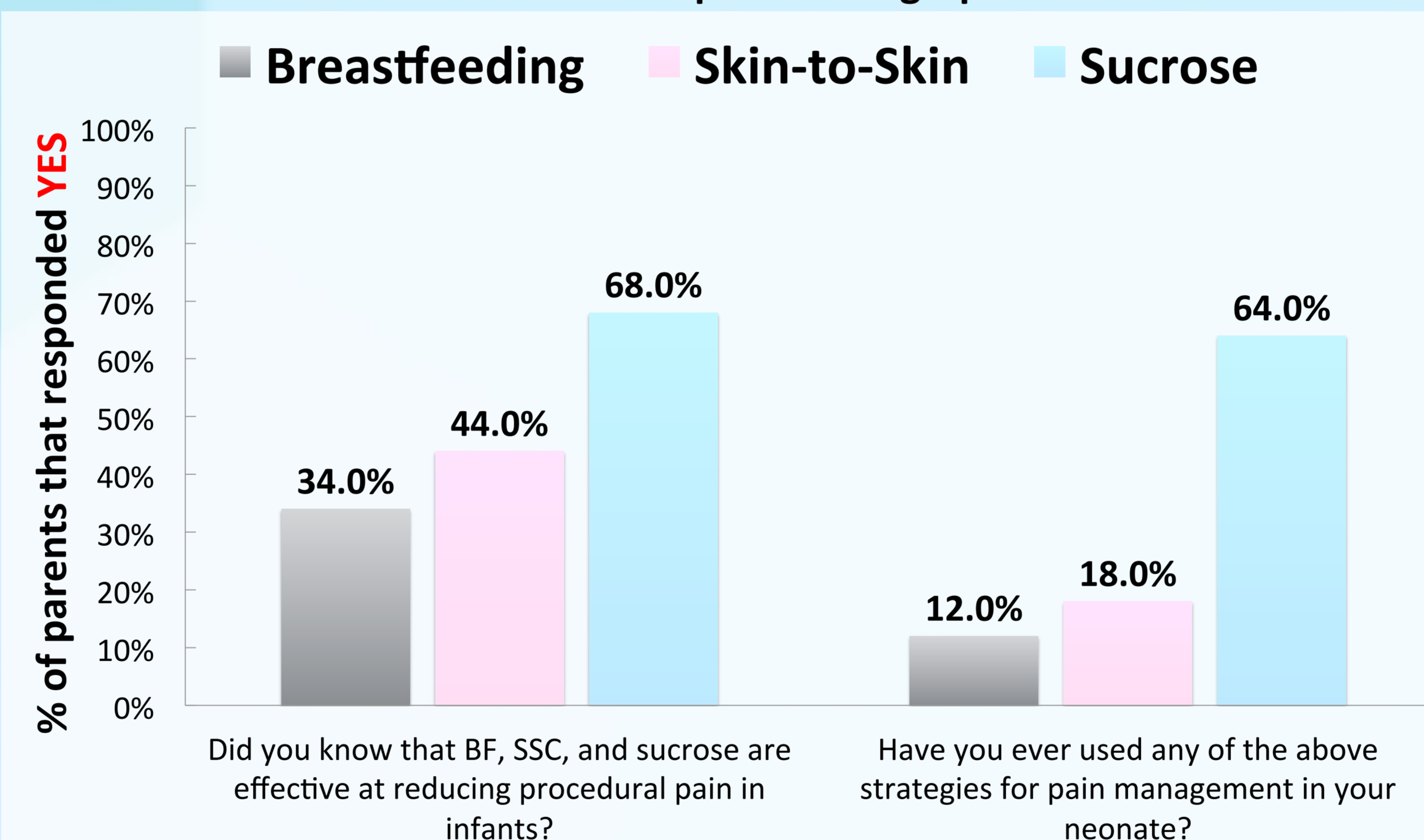


FIGURE 1. Pre-Intervention survey results

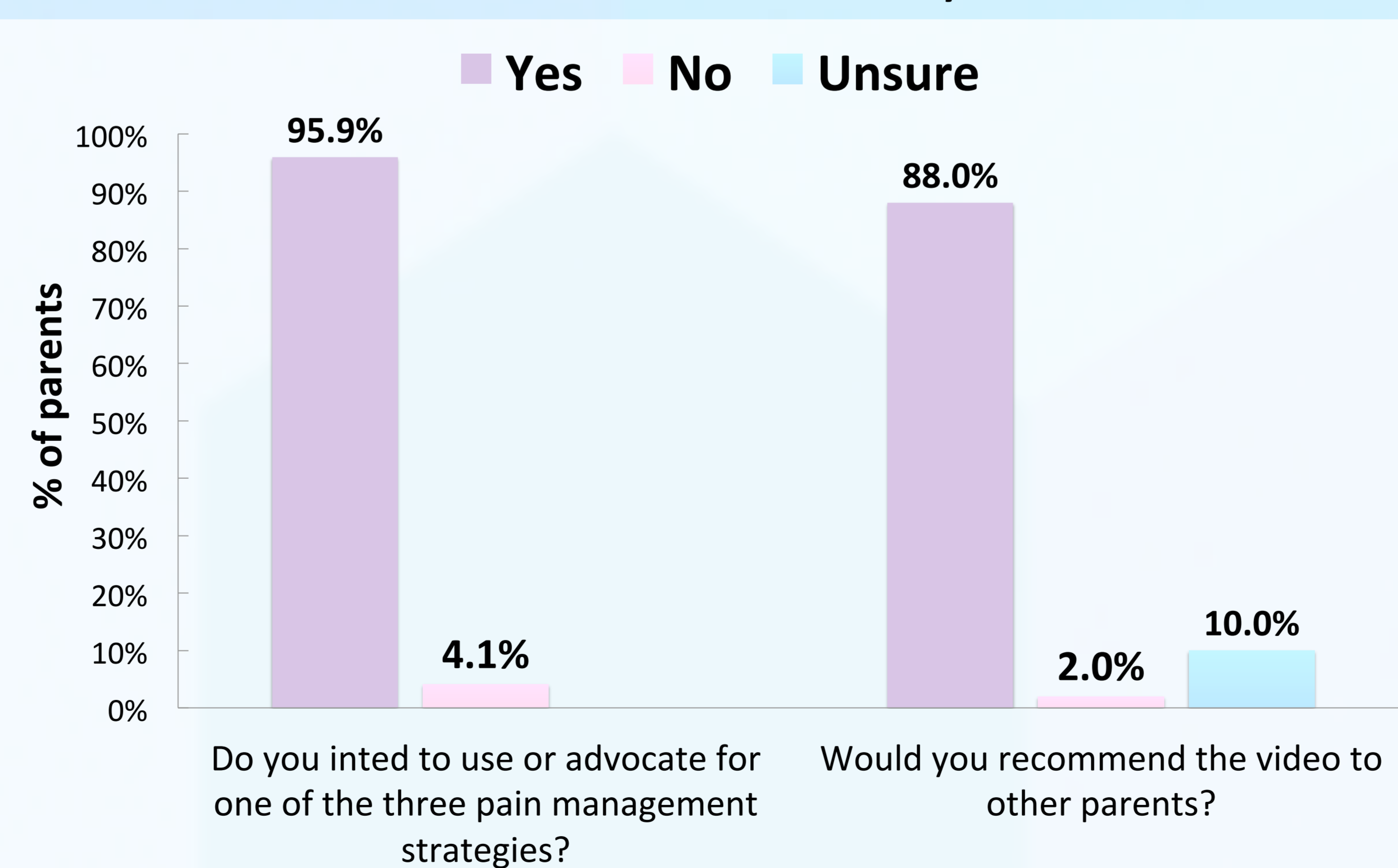


FIGURE 2. Post-Intervention survey results



Discussion/Conclusion

Results show that: i) the video increased parents' knowledge and intention to use BF, SSC, and sucrose, and ii) this KT intervention **is feasible, acceptable, and useful to parents** of neonates in the NICU. This pilot study will inform the design of a planned full-scale randomized controlled trial (RCT) to further establish the effectiveness of this intervention in improving use of BF, SSC, and sucrose during blood work in neonates.



Acknowledgements

We would like to acknowledge Chantal Horth¹, Melissa Allaire¹, Chantalle Clarkin¹, Lucia Figueredo², and the University of Ottawa Undergraduate Research Opportunity Program for their support.

¹Children's Hospital of Eastern Ontario, ²CHEO Media House

