

Slide No	Narrative
1.	We tend to think that newborns are too little to really experience pain, and that if they do experience it, they soon forget it. However, research has shown that, indeed, babies do experience pain — and that repeated painful experiences in the newborn period can lead to both short- and long-term problems with development, emotions, and responses to stress.
2.	Just because newborn babies can't tell us they feel pain, doesn't mean they don't feel pain. They do. And we can help. From the day they are born, babies can feel and express pain. What are our learning objectives in this webinar? Over the years, we have learned to recognise and assess pain in babies. An assessment of pain in babies relies mostly on observing behaviours. In addition to noting behavioural changes that might indicate pain, there are physiological measures that can be used to assess pain in babies. We shall find out more about these behavioural and physiological parameters. Also, there are many established and proven objective tools available to assess pain in babies. PIPP scale is one such method and we shall learn more on it. It is important to be aware of the common procedures that cause pain in babies and the severity of pain caused.
3.	Behavioral responses include facial expressions, Crying , Body movements and Facial expressions are generally regarded as the best single behavioural indicator of pain in both preterm and term babies. Even very small babies like a 26 weeks preterm can show an unpleasant face when they are in pain just like older children and adults. We can identify some important facial features of pain in this picture. features like Brow bulge - Bulging, creasing and vertical furrows above and between brows
4.	Eye squeeze is Identified by the squeezing or bulging of the eyelids. Bulging of the fatty pads about the infant's eyes is pronounced You can see the eyes tightly closed. Naso-labial furrow - a line or wrinkle which begins adjacent to the nostril wings and runs down and outwards beyond the lip comers, Open lips - any separation of the lips is scored as open lips. Mouth could be stretched vertically or horizontally.
5.	Babies in pain show abnormal body movements like Thrashing of Limbs Finger Clinching
6.	Writhing Movements and Arching of Back
7.	Physiological indicators like changes in heart rate, breathing rate, blood pressure, fall in saturations are also used to determine if a baby is in pain.
8.	Autonomic changes like dilated or widened pupils, sweating, vomiting, and pallor or flushing are noted in pain. Because changes in physiological and autonomic parameters can result from other causes, including physical stress, fear, or anxiety, they can be difficult to interpret. Despite these limitations, when used with behavioural indicators, physiologic and autonomic signs can be useful as part of an overall assessment for a baby in pain.

9.	<p>How painful are the common procedures?</p> <p>Procedures we do often like</p> <ul style="list-style-type: none"> Physical Examination Heel Prick Venepuncture Arterial puncture Im/sc injections Feeding tube insertion Umbilical cannulation Adhesive tape removal are painful but mild
10.	<p>Babies experience moderate pain in procedures like</p> <ul style="list-style-type: none"> Lumbar puncture Intubation ET suction ICD drain Ventricular tap Rop examination Central line insertion or removal Chest physiotherapy Dressing change Suprapubic puncture
11.	<p>Surgical procedures are severely painful</p> <p>Neonates experience pain for a long time in conditions like</p> <ul style="list-style-type: none"> Necrotising enterocolitis Mechanical Ventilation Meningitis Bone and Joint Infections
12.	<p>There are many tools to measure pain objectively. Let us learn about a commonly used tool called PIPP scale. PIPP stands for premature infant pain profile. This scale is useful both in preterm and term babies.</p>
13.	<p>Each parameter is given a score between 0 to 3 and a total score is derived at. Higher the score, more severe is the pain.</p>
14.	<p>Thank You</p>