Your Baby’s Comfort
For families of babies in the NICU

Your baby’s health and comfort are very important to the healthcare team in the Neonatal Intensive Care Unit (NICU). This handout explains how pain affects your baby, how we treat or manage pain, and how a variety of comfort measures can be used to help your baby feel more comfortable.

The goal of treatments and procedures is to help your baby get better, but they may also make your baby uncomfortable. Babies can feel pain. Ongoing, unrelieved pain can harm a baby and slow their recovery.

How do babies show pain?
Babies cannot tell us about their pain or discomfort in words, so your baby’s health care team must look for physical signs that could mean your baby is in pain. Some of these are:

- Crying
- Tight muscles
- Arms and legs moving a lot
- Changes in facial expressions

Nurses and other care providers can also tell that your baby is in pain by watching changes in your baby’s:

- Heart rate
- Breathing rate
- Blood pressure
- Oxygen saturation – the amount of oxygen in the blood, which gives information about how the baby is breathing

How are babies monitored in the NICU?
Your baby’s nurse will:

- Keep constant track of changes in your baby’s comfort level
- Check your baby’s need for medicine
- Make sure that your baby responds well to any medicines that may be given
• Record your baby’s pain responses in the medical record, and share this information with your baby’s care team

• Work with your baby’s care team to make decisions about your baby’s plan for pain relief

**Comfort Measures**

Before giving your baby medicine to relieve pain, your baby’s nurse may try comfort measures to help your baby feel more comfortable. The types of comfort measures will vary, depending on your baby’s illness.

Comfort measures may include:

• Swaddling or nesting your baby with blankets

• Containing your baby’s arms and legs by tucking them close to the body

• Letting your baby suck on a pacifier

• Decreasing the lights and noises in your baby’s room

• Talking in low voices to your baby and around your baby

If you have not already done so, please ask your nurse to help you learn how you can become involved with comforting your baby. After all, your baby knows you better than the nurse and other staff and will respond well to your being there.

**Pain Medicine**

If your baby is receiving a pain medicine such as morphine, you may worry that your baby could have a hard time withdrawing from it. As your baby begins to recover, the dose of the drug will slowly be decreased. Your baby’s nurses will continue to watch your baby’s pain responses to make sure your baby is doing well while being weaned from the medicine.

We want you to ask questions and give us your input about your baby’s plan of care. Please let us know if you have any questions or concerns about your baby’s level of comfort or about the medicines that are being given for pain relief. Our goals are to provide your baby with the best care possible and to support you in learning about and being involved in your baby’s care.

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**Questions?**

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Neonatal Intensive Care Unit: 206.598.4606