

Too Small to Suffer? A Call for Standardized Neonatal Pain Protocols in Southeast Asian NICUs

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Neonatal pain remains grossly under-recognized in NICUs across South Asia. Recent evidence notes that neonates often endure repeated painful procedures without proper analgesia; a problem “underrecognized and undertreated” in many developing countries.¹ International consensus guidelines emphasize that neonates are also sensitive to pain and mandate routine assessment and thereby emphasizes on avoidance of unnecessary stimuli to neonates. However, in current practices most NICUs lack standardized protocols of both pain assessment and pain management. In West Oromia, a study demonstrated that 62.6% of nurses exhibited adequate knowledge, while only 16.3% demonstrated good practice in neonatal pain management², similarly Jember Et al. found that only 48% of healthcare professionals possessed adequate knowledge but only a fraction of mere 5.7% demonstrated good practices in neonatal pain management.¹

Validated pain scales exist in literature for physicians to abide by and address this gap. Tools such as the Neonatal Pain, Agitation and Sedation Scale (N-PASS) and the COMFORTneo score provide systematic behavioural and physiologic scoring of neonatal pain.³ N-PASS is a multidimensional scale covering acute and ongoing pain along with the active sedative measures, across all gestational ages, while COMFORTneo reliably tracks continuous pain in preterm neonates only. Despite availability of pain assessment modalities, the use is rather sparse especially in southeast Asian countries, a study demonstrated low insight of working anaesthesiologists regarding peri-operative pain management in paediatrics population, whereas data on neonatal pain assessment and management is rather meagre. This is alarming, since untreated pain provokes immediate physiologic stress and long-term brain injury.

Repeated painful stimuli cause HPA-axis dysregulation, altered cortical and cerebellar growth, and deficits in cognition and behavior.⁴ Neonates in neo-

natal ICU undergo invasive procedures like foleys and nasogastric catheterisation, heel prick, arterial blood gas analysis and those on mechanical ventilation are especially vulnerable: endotracheal tubes, suctioning and interventions cause constant nociceptive input and stress, which analgesia can mitigate.

We urgently call for structured implementation of neonatal pain management in South Asian NICUs. Each unit should institute routine pain assessment and evidence-based analgesia protocols. International surveys highlight wide regional variability in practice and an urgent need for standardization.⁵ By embracing validated pain scales and clear protocols for neonates in intensive care, our NICUs can dramatically not only reduce needless suffering but can also improve neurodevelopmental outcomes.

Key words: Too Small to Suffer, Neonate, Pain Assessments, Southeast Asian.

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