

Author(s): VS/AT

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Question: Should sweet-tasting solutions (sucrose, glucose) and breastfeeding together before vaccine injections vs sweet-tasting solutions or breastfeeding alone be used for reducing vaccine injection pain in children 0-2 years?

Settings: clinics

Bibliography: Sahebihagh 2011 (3,4)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Breastfeeding and sweet-tasting solution (sucrose, glucose) together before vaccine injections	Breastfeeding or sweet-tasting solution alone	Relative (95% CI)	Absolute		
Distress Acute (measured with: validated tool (Neonatal Infant Pain Scale 0-7) by researcher; Better indicated by lower values)												
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	30	60	-	SMD 0.28 higher (0.34 lower to 0.90 higher)	⊕⊕○○ LOW	CRITICAL
Distress Recovery (measured with: validated tool (Neonatal Infant Pain Scale 0-7) by researcher; Better indicated by lower values)												
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	30	60	-	SMD 0.06 higher (0.37 lower to 0.5 higher)	⊕⊕○○ LOW	CRITICAL
Safety, Procedure Outcomes, Use of Intervention, Parent Fear, Vaccine Compliance, Preference, Satisfaction (assessed with: no data were identified for these important outcomes)												
0	No evidence available					none	-	-	-	-		IMPORTANT
								0%		-		

¹ Unclear risk of bias for several design features including; randomization, blinding of parents and selective outcome reporting

² Confidence interval crosses line of nonsignificance and sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2