Author(s): VS/AT
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Question: Should non nutritive sucking vs no intervention be used for reducing vaccine injection pain in children in the first 2 years of life?[1,2]
Settings: hospital and clinics
Bibliography: Liaw 2011 (1), Taavoni 2010 a (1)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Non nutritive sucking	No intervention	Relative (95% CI)	Absolute		
Distress Acute[3] (measured with: validated tool (Modified Behavioural Pain Scale 0-10, Neonatal Facial Coding System 0-48) by researcher; Better indicated by lower values)												
2	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[5]	none	93	93	-	SMD 1.88 lower (2.57 to 1.18 lower)[3]	⊕⊕OO LOW	CRITICAL
Distress Acute + Recovery (measured with: validated tool (cry duration) by researcher; Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[5]	none	55	55	-	SMD 1.7 lower (2.14 to 1.26 lower)	⊕⊕OO LOW	CRITICAL
Distress Recovery (measured with: validated tool (Neonatal Facial Coding System 0-48) by researcher; Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[5]	none	55	55	-	SMD 2.39 lower (2.88 to 1.89 lower)	⊕⊕OO LOW	CRITICAL
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] In Liaw (2011), analysis (1) compared pacifier to no treatment; infants were side-lying. In Taavoni 2012 a, analysis (1) compared pacifier to no treatment; infants were supine.
[2] Treatment fidelity was not assessed in any study
[3] Additional information and data provided by 1 author (Taavoni 2010 a)

[4] Immunizer, parent, researcher not blinded; outcome assessor not consistently blinded
[5] Sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2
[6] Immunizer, parent not blinded; outcome assessor blinded