

Comfort Positions

A Guide for Parents and Healthcare Professionals

Being close to a trusted adult is powerful. It lessens pain and brings comfort when kids need it most. This guide shows you how to keep kids safe, and help them feel supported, during medical procedures.



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Research shows holding kids down (especially on their backs) for medical procedures is a bad idea. It creates avoidable stress and trauma for kids and their caregivers. And it makes those moments more challenging which can cause problems (like healthcare avoidance and fear) in the future.

Comfort positioning is an alternative to traditional restraint techniques. It eliminates unnecessary distress by helping kids stay calm and still during medical procedures. Comfort positioning is a win for kids, families, and healthcare providers.

Tips for All:

Lying on your back can feel vulnerable. Instinctively, humans have a primal need to protect the front of their bodies. (Try it out and you will see what we mean!)

Unfortunately, there may be times when certain medical procedures require a patient to lay on their back. When this happens, the trusted adult can use their hands and/or body to create light to medium pressure and warmth on the child's body. Gentle pressure, warmth of contact, and physical presence of a trusted adult helps offset the vulnerable feelings of being on your back. This helps the child feel more protected and safe.

Choice of power! Let the child choose their comfort position whenever possible. This gives the child a sense of control which helps to reduce anxiety and increase calm.

Also, you are never too old for comfort positioning! We don't outgrow the calming benefits of having a trusted adult close. All of these positions can be adopted for use with kids, teens, and adults. We don't outgrow the benefits of having a trusted adult close. All of these positions can be adopted for use with kids, teens, and adults.

Tips for Parents and Trusted Adults:

Relax your body and slow your breathing whenever possible. Kids will follow your lead, and do the same. Calm is contagious! (But stress is too so do your best to keep yours under control.)

Speak in a gentle, soothing voice by slowing the pace of your words and softening your tone. (Try this out and notice how it changes the way both of you feel!)

Use the time together to sing a favorite song, tell a fun story, or remind the child that they are safe, loved, and not alone.

Tips for Medical Providers:

As mentioned earlier, calm (and stress) are contagious. Keep your voice steady and body relaxed whenever possible.

Give patients and their trusted adults clear instructions (like the ones you'll read below). Setting expectations about the procedure and discussing comfort positioning early on will improve the care experience for your patients, their caregivers, and you.



Tummy to Tummy*

- 1.) The child sits on trusted adult's lap, facing their chest. Their legs straddle and wrap around adult's waist.
- 2.) The adult wraps both arms around the child in a full hug.
- 3.) The adult uses their underarms and forearms to keep the child's arms still and safe.

**** This works for older kids too!***

Recommended for:



Blood draws



IV starts



IM injections



Shots



Back to Chest

- 1.) The child sits on trusted adult's lap, facing away from them.
- 2.) The adult wraps both arms around the child in a comforting hug.
- 3.) The trusted adult can also wrap their legs around the child for a full embrace to keep the child's legs and arms still.

Note: A trusted adult can sit on a chair or bed and bigger kids can sit in front of them. In this position, the trusted adult is able to gently embrace the child with their legs and arms



Recommended for:



Blood draws



IV starts



IM injections



Shots



Side Lying

- 1.) The child lays flat on the bed.
- 2.) The trusted adult lays on their side next to the child.
- 3.) The adult can place their top leg over the child's legs to help them keep them their body calm and still.
- 3.) The adult uses their top arm to hold the child's hand safely by their side.

Recommended for:



Head



Face



Stitches



Eye



Oral Exam



Bottom to Bottom

- 1.) The trusted adult sits in the bed or gurney with the back of the bed positioned straight up like a chair.
- 2.) The child sits facing the trusted adult and then lays down flat.
- 3.) The trusted adult helps the child stay still and calm by holding onto their hands, and using their forearms to contain the child's legs.

Recommended for:



Head



Face



Stitches



Eye



Oral Exam



Head of Bed

- 1.) The trusted adult lays their arm over the top of the child's body above the waist.
- 2.) The trusted adult leans over to embrace the child and keeps their hands above the waist. The light but comforting pressure of the trusted adult's body helps them stay more calm and still.

Note: For catheterization on boys, legs can remain straight to create better access.

Recommended for:



Urinary
Catheterization



Leg IM Injections



Comfort for Babies

- 1.) The trusted adult holds the baby closely to their body. Cuddling is always the preferred comfort position for babies.
- 2.) When possible, skin to skin contact (a.k.a. kangaroo care) is also great!
- 3.) For parents who are breastfeeding, it is extremely useful to do a feed before, during and after needle procedures. Don't worry! Your baby is not going to choke & this is a best practice recommendation.
- 4.) Singing, rocking, and talking are all helpful. Steady movement and/or the sound of a familiar voice is calming.
- 5.) The trusted adult can position their arms so their embrace keeps the part of the body that is needed for the procedure still and contained.
- 6.) If cuddling is not advisable, the trusted adult should be as physically close as possible. Touching, gently stroking skin, and creating face-to-face closeness will help distract and soothe the baby.
- 7.) Body parts not being actively worked on can be swaddled for comfort.

Note: A one-arm-out swaddle and top-of-the-body swaddle are a couple of options.

Recommended for:



Stitches



IV Starts



Heel Stick



Lab Draw



Catheterization

Want to learn more about why comfort positioning matters?

Here's some of the research:

Children who are restrained during medical interventions have negative experiences (Karlson, 2016).

Studies show that children who sit upright during a medical procedure, such as an IV, exhibit less distress by promoting the child's sense of control throughout their experience (Trottier, et. al., 2019).

Comfort positioning can enhance cooperation and provide an active role to caregivers (Skaljic, 2020).

When implementing comfort positions, it generally requires less staff presence, improves parent satisfaction and decreases parent anxiety (Romito, et. al., 2021).

What are parents saying?

In a literature review, 15 studies found that all parents preferred to have a choice about whether or not they could be present during medical procedures. Ninety- four percent of parents who were present throughout their child's procedure stated that they would elect to remain present again in the future (Meehan, 2020).

Karlson K, Darcy L, Enskär K. The use of restraint is never supportive (poster). Nordic Society of Pediatric Hematology/Oncology (NOPHO) 34th Annual meeting 2016 and 11th Biannual Meeting of Nordic Society of Pediatric Oncology Nurses (NOBOS); May 27–31, 2016. Reykjavik, Iceland. [Ref list]

Meehan, C. (2020, July 10). Parental presence during procedures — brown emergency medicine. Brown Emergency Medicine. <http://brownemblog.com/blog-1/2020/5/27/parental-presence-during-procedures>

Romito, B., Jewell, J., Jackson, M., & AAP COMMITTEE ON HOSPITAL CARE; ASSOCIATION OF CHILD LIFE PROFESSIONALS. (2021). Child life services. *Pediatrics*, 147(1), e2020040261. <https://doi.org/10.1542/peds.2020-040261>

Skaljic, M., McGinnis, A., & Streicher, J. L. (2020). Comfort positioning during procedures in pediatric dermatology. *Pediatric Dermatology*, 37(2), 396–398. <https://doi.org/10.1111/pde.14089>

Trottier, E. D., Doré-Bergeron, M.-J., Chauvin-Kimoff, L., Baerg, K., & Ali, S. (2019). Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures. *Paediatrics & Child Health*, 24(8), 509–535. <https://doi.org/10.1093/pch/pxz026>



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