

Next steps

The research project will take place over a three-year period, ending in late 2021. Infants born between 24 and 37 weeks' gestation will be recruited for the study from the neonatal unit at John Radcliffe Hospital, Oxford. Parents have been and will continue to be consulted throughout the course of the research project in order to alleviate any fears and to ensure they understand the scope of the project and what the results could mean for babies in future.

We are absolutely delighted that our first funding grant is going towards this pioneering research project. Many people do not realise just how many medical procedures a premature baby goes through during their hospital stay, and just how new the area of

pain measurement and reduction is in neonatal research.

Anything that can be done to reduce a baby's experience of pain and ensure the best possible long-term outcomes is a huge step in the right direction to ensuring that babies born prematurely receive the best possible standard of care. We are proud to support the vital work of the research team at the University of Oxford and look forward to continuing to build our partnership.

References

1. **Brummelte S, Grunau RE, Chau V et al.** Procedural pain and brain development in premature newborns. *Ann Neurol* 2012;71:385-96.
2. **Hermann C, Hohmeister J, Demirakca S et al.** Long-term alteration of pain sensitivity in school-aged children with early pain experiences. *Pain* 2006;125:278-85.

LETTER TO THE EDITOR

Dummies for infants on neonatal units and the impossibility of adequate decontamination

In 2016 a joint working group of the Healthcare Infection Society (HIS) and the Infection Prevention Society (IPS) published its guidance Decontamination of Breast Pump Milk Collection Kits and Related Items at Home and in Hospital jointly in the *Journal of Hospital Infection* and the *Journal of Infection Prevention*.¹ It is freely available at: www.sciencedirect.com/science/article/pii/S0195670115003527#

We are concerned that this may not have been an effective means of communication for staff working directly in neonatal care. This letter is an attempt to remedy this situation with particular reference to dummies (pacifiers/soothers) for infants on neonatal units (NNUs).

The recommendations relating to dummies for NNU infants needing them for non-nutritive sucking are not being applied in all units. The guidance recommends that dummies on NNUs should be kept in use for no longer than 24 hours and then discarded, with no attempt being made to decontaminate and reuse them. A recent letter to the *Journal of Hospital Infection* detailed findings from sampling containers used to store dummies in use at five babies' cot sides on an NNU.² The dummies were stored in dilute hypochlorite identical to that used to disinfect baby bottles. Despite the use of this disinfectant, bacteria of concern were found on 60% of the lids of these containers. The authors of that letter note that: "Even two years after publication of guidance from the HIS and IPS, we believe that many NNUs continue to reuse dummies for longer than the recommended 24 hours."

Dummies are hollow, with access to internal spaces allowing ingress of saliva and other organic matter on which bacteria thrive. They also have complex structures with recesses that can hold contamination and are difficult to clean, an essential prerequisite to effective disinfection. In everyday practice in NNUs, dummies cannot be disinfected with adequate quality assurance. In addition to this, should cleaning and disinfection be

attempted, complete rinsing of the detergent and disinfectant will be difficult to achieve with the required quality assurance. Although the clinical relevance is uncertain, NNUs may not want infants in their care to ingest dilute detergent and disinfectant.

We consider that not discarding dummies 24-hourly for this susceptible group of patients is an infection risk and a false economy. The containers for dummies in use should also be washed, rinsed and dried daily.

Yours sincerely

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1. **Price E, Weaver G, Hoffman P, Jones M, Gilks J, O'Brien V, Ridgway G.** Decontamination of breast pump milk collection kits and related items at home and in hospital: guidance from a joint working group of the Healthcare Infection Society and Infection Prevention Society. *J Infect Prevent* 2016;17:53-62 and *J Hosp Infect* 2016;92:213-21.
2. **Checklin D, Gray J.** Microbiological risks of reusing dummies for infants in hospital. *J Hosp Infect* 2018;99:365-66.

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