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| Topics: **Implementing best practices** |
| Type: **Oral** |
| **Preparing to Offer “Reduced Discomfort” Vaccination Services in “Medical Home” Obstetrical/Gynecological Practice: Can You Make Vaccinations Painless?** |
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| **Introduction** **Background:** Vaccine-preventable diseases are increasingly recognized to cause preventable morbidity, mortality, and costs. Despite the efficacy, utility, and ethical imperatives of recommended vaccination schedules, fear of injection pain and programming by past injection experience remains a powerful disincentive to offer and receive recommended vaccines.   **Objective:** Identify medical means to reduce or eliminate vaccination injection fear and/or discomfort in an effort to avoid vaccine-preventable causes of stillbirth and damaged babies at birth.  **Material and Methods** We performed Medline and PubMed English-language searches for controlled or uncontrolled evidence for prevention of vaccination injection pain. We hierarchically categorized recommendations according to U.S. Public Health Service (USPHS) criteria.  **Results** 1) Our review of current relevant American Congress of Obstetricians and Gynecologists (ACOG) publications showed no mention of vaccine injection pain and no means to prevent injection pain.  2) The clinical problem of injection pain is most frequently indexed in Pediatric, Family Practice, and General Medical journals respectively.  3) Recommendations supported by USPHS class I or II evidence include:  a) medical providers can provide distractions at the time of injection;  b) use of cold or vibration at skin site contralateral to the proposed injection site;  c) use cold, vibration, local anesthetic, or counterirritation at the proposed injection site;  d) inject the most painful shot last; and  e) do not invoke “man up” imprecations or false reassurances.  **Conclusions** 1) Evidence from non-reproductive medicine literature demonstrates effective means to reduce vaccination injection pain.  2) The listed USPHS recommended suggestions can be utilized without cost or difficulty in clinical OB/GYN practice. |
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