# Work of breathing and respiratory control in preterm infants

Published: 06-01-2016 Last updated: 19-04-2024

To determine the influence of different nCPAP levels on WOB and electrical activity of the diaphragm and to investigate if these parameters are correlated in preterm infants.

Ethical review Approved WMO

**Status** Recruitment stopped

**Health condition type** Neonatal respiratory disorders **Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON46865

Source

ToetsingOnline

**Brief title** 

Work of breathing

#### **Condition**

Neonatal respiratory disorders

#### **Synonym**

diaphragm activity, Work of breathing

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Academisch Medisch Centrum

Source(s) of monetary or material Support: Stichting Steun Emma

#### Intervention

Keyword: Diaphragm, Electromyography, Preterm infants, Work of breathing

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#### **Outcome measures**

#### **Primary outcome**

Changes in work of breathing and electrical activity of the diaphragm at

different nCPAP levels.

#### **Secondary outcome**

The correlation of electrical activity of the diaphragm and work of breathing.

# **Study description**

#### **Background summary**

Non-invasive respiratory support, in particular nasal continuous positive airway pressure (nCPAP), is widely used in preterm infants to reduce work of breathing (WOB), and thereby minimising the risk of respiratory muscle fatigue and respiratory failure. However, the level of nCPAP support varies considerable \* between 0 and 8 cmH2O \* during daily care because of pressure loss via an open mouth and during nursing care at which time the infants are taken off nCPAP. The effect of these fluctuations on WOB is unknown. WOB is calculated out of data collected on changes in tidal volume and pleural pressures during normal breathing. Pleural pressures in preterm infants are measured with an oesophageal catheter. There is a need for more easy applicable methods that provide continuous online information on WOB. The diaphragm is the main respiratory muscle and end-organ of respiratory control in humans. Measuring electrical activity of this muscle by transcutaneous electromyography (dEMG) is feasible in preterm infants and might provide important information on WOB. However, this possible correlation between WOB and dEMG in preterm infants has so far not been investigated.

### Study objective

To determine the influence of different nCPAP levels on WOB and electrical activity of the diaphragm and to investigate if these parameters are correlated in preterm infants.

#### Study design

Prospective observational study.

#### Study burden and risks

For this study, the feeding tube placed in the stomach for clinical use needs to be repositioned in the oesophagus. This procedure will, at most, result in minimal discomfort. The changes in nCPAP level only mimic daily changes over time, therefore posing no extra burden to the patient. This study can only be done in preterm infants because of the specific physiology of the immature respiratory network and immature lung development in this specific population. The study population will not benefit from participating in this research. This study will expand our knowledge on respiratory support in preterm infants what will benefit future care for these patients.

## **Contacts**

#### **Public**

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## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Children (2-11 years)

#### Inclusion criteria

- Born at less than 37 weeks GA
- Supported with nCPAP 4 to 6 cm H2O at time of inclusion
- Maximum FiO2 of 30%
- Stable clinical condition
- Written parental informed consent

#### **Exclusion criteria**

- Major congenital anomalies
- Clinical instability requiring frequent interventions by the nursing staff that may interfere with the measurement
- The attending physician considers the infant to be too vulnerable to participate in the study

# Study design

## **Design**

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 04-07-2017

Enrollment: 34

Type: Actual

## **Ethics review**

Approved WMO

Date: 06-01-2016

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 26-02-2018

Application type: Amendment

Review commission: METC Amsterdam UMC

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

CCMO NL54708.018.15