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題目 (Title):

使用中線擺位系統預防早產兒的長頭形

Use of a Midliner Positioning System for Prevention of Dolichocephaly in Preterm Infants.

摘要中文翻譯**目的:**

本研究的目的為確認使用中線擺位系統(midliner positioning system ; MPS ; Turtle Midliner)以預防長頭形之效果

方法:

這是個非隨機的研究，將前瞻性世代研究(study cohort ; SC)的 30 位使用 MPS 的早產兒，與回溯性世代研究(RSC)的 65 位接受標準照護介入之嬰兒來做比較。

結果:

RSC的基準顱骨指數(cranial index)80%與最終顱骨指數77%，平均5.5週顯著降低($P < .0001$)。而SC的基準顱骨指數與最終顱骨指數平均5.7週內皆為79%，顯示在兩顱骨指數之間無顯著差異($P = .6$)。懷孕週數、出生體重、逆流、連續性正壓呼吸的使用時間、及在仰臥姿勢下的時間皆與長頭形無相關。

結論:

與RSC相比較，SC有較少顱骨塑形(亦即有較大的顱骨指數)。需要更大型的隨機研究以建議例行性使用MPS來預防與/或治療早產兒的顱骨塑形。

Original Abstract

PURPOSE:

The purpose of this study was to determine effectiveness of a midliner positioning system (MPS, Turtle Midliner) for preventing dolichocephaly.

METHODS:

This was a nonrandomized, prospective study of 30 premature infants (study cohort, SC) using an MPS compared with a retrospective study cohort (RSC) of 65 infants who received standard of care intervention.

RESULTS:

RSC baseline cranial index (CI) of 80% and final CI of 77% significantly decreased over an average 5.5 weeks ($P < .0001$). The SC baseline CI and the final CI were both 79% over an average 5.7 weeks, indicating no significant difference between CI measures ($P = .6$). Gestational age, birth weight, reflux, time on continuous positive airway pressure, and time in a supine position were not associated with dolichocephaly.

CONCLUSIONS:

The SC developed less cranial molding (ie, had greater CI), compared with the RSC. A larger randomized study is needed to recommend routine use of MPS for prevention and/or treatment of cranial molding in premature infants.

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