

Municipal Transition and Intervention Program for Premature infants and their parents.

Submission date 20/12/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 20/12/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 23/01/2014	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
1

Study information

Scientific Title

Acronym
STIPP

Study objectives

The hypothesis is that infants who receive the Infant Behavioural Assessment and Intervention Program (IBAIP) will be able to regulate themselves better and that disabilities will therefore be prevented or develop to a less serious degree.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the local medical ethics committee

Study design

Multicentre, randomised, single blind, active controlled, parallel group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Behavioural self-regulation and/or psychomotor problems

Interventions

For the intervention the IBA Intervention Program (IBAIP) will be used. The theoretical framework underlying the IBAIP is the "Synactive Model of Newborn Behavioural Organisation and Development".

The intervention aims at improving the developmental outcome of the child by assisting the parents as early as possible to support their child's self regulation at a stage where changes are still reversible. The intervention method does not only support the child, but the parents as well, by offering them emotional, practical and individual support, so that excessive stress can be prevented.

By means of standardised IBA observations the child's self regulating skills are examined. All the child's behavioural expressions and the inter-relationship are observed systematically and are interpreted by means of 4 systems:

1. The autonomic system
2. The motor system
3. The state system
4. The attention-interaction system

With the help of this neurological behaviour assessment one judges how a child can play with its various systems and is able to use them to achieve its goal. Consequently the measure of self-regulation determines the amount of support/intervention that should be offered.

The parental support consists of an increased awareness of their baby's behavioural expressions and the interpretation of these expressions, so that the parents learn to intermediate between their child's regulatory skills and the environment. The support they give may affect the

environment (e.g. light, sounds, social interaction), functional positioning and ways of handling and the child's specific self-regulatory strategies (e.g. sucking, holding something, seeking support).

As the child grows older it is to be expected that there will be an increase in the child's self-regulatory skills and consequently a decrease in the need for support/intervention. The family composition, the cultural diversity and the social/cultural safety network of the (often immigrant) parents will explicitly be taken into account during the project. After each home visit a report will be sent to the parents. This report will especially stress the competencies of the child and its parents. The interventions will be given by specially trained paediatric physical therapists that have the IBAIP certificate.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

1. The Bayley Scales of Infant Development-II (BSID-II) at the corrected age of 24 months
2. The Still Face procedure at 6 months
3. The Working Model of Child Interview at 18 months

Key secondary outcome(s)

1. The Infant Behavioural Assessment at 6 months
2. The BSID-II at 6 and 12 months
3. The Infant Toddler Symptom Checklist at 6, 12 and 24 months
4. The General Health Questionnaire at 6, 12 and 24 months

Completion date

31/12/2008

Eligibility

Key inclusion criteria

1. Gestation of less than 32 weeks and/or birth weight less than 1500 grams
2. Born in one of the Amsterdam hospitals
3. The infant's parents live in the Amsterdam area

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Neonate

Sex

All

Key exclusion criteria

1. Chromosome or syndrome disease
2. Children of addicted mothers (hard drugs or alcohol)
3. Parents unable to communicate in Dutch or English and who have no interpreter
4. Mothers with severe psychiatric illness

Date of first enrolment

01/01/2004

Date of final enrolment

31/12/2008

Locations**Countries of recruitment**

Netherlands

Study participating centre

Department of Rehabilitation, A01

Amsterdam

Netherlands

1100 DD

Sponsor information**Organisation**

Academic Medical Centre (AMC) (Netherlands)

ROR

<https://ror.org/03t4gr691>

Funder(s)**Funder type**

Government

Funder Name

The Netherlands Organization for Health Research and Development (ZonMw) (Netherlands)

Funder Name

Reserve Voormalige Vrijwillige Ziekenfondsen (RVVZ) (Netherlands) - a governmental non-profit health organisation

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	pilot study results	01/02/2005		Yes	No
Results article	results	01/03/2010		Yes	No
Results article	results	01/12/2011		Yes	No
Results article	results	01/03/2012		Yes	No
Results article	results	01/08/2012		Yes	No
Results article	results	01/11/2013		Yes	No