

# Creating and maintaining functional residual capacity in preterm neonates with Respiratory Distress Syndrome (RDS)

<b>Submission date</b> 20/12/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 20/12/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/08/2007	<b>Condition category</b> Respiratory	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Arjan B. Pas, te

**Contact details**  
Department of Pediatrics, Leiden University Medical Center, J6-S, P.O. Box 9600  
Leiden  
Netherlands  
2300 RC  
+31 (0)71 5262909  
a.b.te\_pas@lumc.nl

## Additional identifiers

### Study information

**Scientific Title**

**Acronym**  
EFURCI

**Study objectives**

A sustained inflation with a mechanical device and early nasal continuous positive airway pressure is a more effective management strategy for RDS in preterm infants than conventional intervention with a self-inflating mask and bag, and reduces the requirement for mechanical ventilation and surfactant treatment.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Not provided at time of registration

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Not Specified

**Health condition(s) or problem(s) studied**

Respiratory Distress Syndrome, Preterm neonates

**Interventions**

Resuscitation at birth when necessary:

Group A: Prolonged inflation of 10 seconds with a mechanical device (Neopuff t-piece resuscitator) and early CPAP treatment.

Group B: Inflation with self-inflating mask and bag conform international resuscitation guidelines.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome(s)**

Need of endotracheal intubation within 3 days after birth.

**Key secondary outcome(s)**

1. Death
2. Bronchopulmonary Dysplasia (BPD)

**Completion date**

01/07/2007

**Eligibility****Key inclusion criteria**

1. Preterm neonates
2. Gestational age range 25 - 32 weeks (more than 24 weeks and 6 days and not more than 32 weeks and 6 days)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

Not Specified

**Key exclusion criteria**

Antenatal diagnosed congenital anomalies of the cardio or respiratory system or anomalies incompatible with survival.

**Date of first enrolment**

01/04/2005

**Date of final enrolment**

01/07/2007

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Department of Pediatrics, Leiden University Medical Center, J6-S, P.O. Box 9600

Leiden

Netherlands

2300 RC

**Sponsor information****Organisation**

Leiden University Medical Centre (LUMC) (Netherlands)

**ROR**

<https://ror.org/027bh9e22>

# Funder(s)

## Funder type

Hospital/treatment centre

## Funder Name

Leiden University Medical Centre (The Netherlands)

# 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?
<a href="#">Results article</a>	Results	01/08/2007		Yes	No