

Kidz First Neonatal Research

Research Links



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Calculators & Guides




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Neonatal Care Studies

Study	Contacts	GA /BW Criteria	Eligibility	Consent	Links
	<p>Daytime: Lisa Mravicich 021430564 or Chris McKinlay 0274725099</p> <p>After hours: Chris McKinlay 0274725099</p>	<28 weeks	<p>Inclusion:</p> <ul style="list-style-type: none"> • <48 hours • Surfactant if given, <12 hours ago • Receiving mechanical ventilation via an endotracheal tube OR receiving non-invasive respiratory support including CPAP, nasal IPPV or nasal high flow AND a clinical decision to treat with exogenous surfactant <p>Exclusion:</p> <ul style="list-style-type: none"> • Previous steroids for prevention of lung disease (steroids for hypotension is OK) • Infant is considered non-viable • Major congenital anomaly that is likely to affect respiratory status • Severe pulmonary hypoplasia following PPROM with severe oligo/anhydramnios, where the clinician, based on clinical assessment on the first postnatal day, believes survival is unlikely • >1 dose of previous surfactant 	Written informed consent prior to randomisation.	Randomisation Databases Flow Chart Quick Guide Consent and Forms Blood Collection Schedule Protocol Study Handbook Health Professional Brochure Dashboard
	<p>Daytime: Tanith Alexander 02102466276</p> <p>After hours: Tanith until 8 pm</p>	32+0 to 35+6 weeks	<p>Inclusion:</p> <ul style="list-style-type: none"> • <24 hours of age • Mother intends to breastfeed • Insertion of intravenous lines based on clinical need • Domicile in Auckland <p>Exclusion:</p> <ul style="list-style-type: none"> • A particular mode of nutrition is clinically indicated • Congenital abnormality likely to affect growth, body composition or neurodevelopmental outcome 	Written informed consent prior to randomisation.	Randomisation

 <p>Paracetamol and Ibuprofen in Primary Prevention of Asthma in Tamariki</p> <p>Website Facebook Video</p>	<p>Daytime: Lisa Mravicich 021897982 or Chris McKinlay 0274725099</p> <p>After hours: Chris McKinlay 0274725099</p>	<p>32 weeks</p>	<p>Inclusion:</p> <ul style="list-style-type: none"> <8 weeks old <p>Exclusion:</p> <ul style="list-style-type: none"> Previous exposure to paracetamol or ibuprofen Chronic disease associated with limited life expectancy (<6 years) Likely to leave NZ in first 6 years 	<p>Written informed consent prior to randomisation.</p>	<p>COVID-19</p> <p>Randomisation / Databases</p> <p>Consent Form</p> <p>Protocol</p> <p>Standard Operating Procedures</p> <p>Parent Brochure</p> <p>Paracetamol vs Ibuprofen fact sheet</p> <p>Health Professional Brochure</p> <p>Sitedocs Portal</p>
 <p>Neonatal Glucose Care Optimisation Study</p>	<p>Daytime: Lisa Mravicich 021430564</p> <p>After hours: Chris McKinlay 0274725099</p>	<p>35 weeks</p>	<p>Inclusion:</p> <ul style="list-style-type: none"> <8 days old Admitted to Neonatal Care due to recurrent or severe episode(s)* of hypoglycaemia: <ul style="list-style-type: none"> 3 episodes <2.6 mmol/L in 48 hours Persisting episode of 1.2 to <2.0 mmol/L despite 2 doses of dextrose gel and feeding Any episode <1.2 mmol/L Receiving ongoing management for hypoglycaemia at the time of randomisation, e.g., IV dextrose, carbohydrate supplements, continuous or frequent feeding (2 hourly), or inability to wean off formula due to hypoglycaemia. <p><i>*An episode is defined as consecutive blood glucose concentrations <2.6 mmol/L and ends when blood glucose is 2.6 mmol/L.</i></p> <p>Exclusion:</p> <ul style="list-style-type: none"> Confirmed major congenital malformation or chromosomal disorder Suspected genetic syndrome associated with hypoglycaemia, e.g., Beckwith Wiedemann Syndrome Gastrointestinal disorder likely to affect feed tolerance Planned or likely neonatal surgery Confirmed sepsis (culture of pathogenic organism from blood, CSF or urine) Hypoxic ischaemic encephalopathy Family history of congenital hyperinsulinism Suspected inborn error of metabolism Triplets (Twins not excluded) 	<p>Written informed consent prior to randomisation.</p>	<p>Screening</p> <p>Randomisation</p> <p>Trial Database</p> <p>Contacts Database</p> <p>Consent Form</p> <p>Protocol</p> <p>How to randomise</p> <p>Bedside guide & titration</p> <p>Initial Schedule</p> <p>Parent Brochure</p> <p>Health Professional Brochure</p> <p>CGM Insertion Video</p> <p>CGM Troubleshooting</p> <p>NeoGluCO SOPs</p> <p>Carelink</p>

 DOXAPREM Oral Doxapram for Apnoea of Prematurity	Daytime: Lisa Mravcich 021430564 or Chris McKinlay 0274725099 After hours: Chris McKinlay 0274725099	<32 weeks	Inclusion: <ul style="list-style-type: none"> • 72 hours old • CPAP 8 cm cmH₂O • Caffeine 15 mg/kg/d • Significant ABD events in past 48 hours: <ul style="list-style-type: none"> • Hypercapnia (PCO₂ 8 kPa) • Hypoxaemia (peripheral oxygen saturation [SpO₂] <90% for 30% of time over 6 h) • 1 ABD event requiring positive pressure inflation • 6 significant desaturations in 6 h (SpO₂ <80% associated with bradycardia <100/min and requiring nursing intervention) Exclusion: <ul style="list-style-type: none"> • Treatment for proven clinical sepsis • Major congenital malformation • Grade 3-4 IVH in past 72 hours • Previous seizure • Previous doxapram 	Written informed consent prior to randomisation. COMING SOON!!	Protocol Consent Form
	Daytime: Lisa Mravcich 021430564 After hours: Chris McKinlay 0274725099 Renuka Bhat	<32 weeks	Inclusion: <ul style="list-style-type: none"> • Singleton pregnancy • Severe FGR, defined as: <ol style="list-style-type: none"> 1. AC 3rd centile for gestational age, OR 2. AC <10th centile and 1 abnormal fetoplacental Doppler <ul style="list-style-type: none"> • Uterine artery pulsatility index 95th centile • Umbilical artery pulsatility index 95th centile or absent/reversed end-diastolic flow Exclusion: <ul style="list-style-type: none"> • Known fetal chromosomal or major structural anomaly, or non-placental cause of FGR • Immediate delivery indicated, e.g., absent A wave in ductus venosus, preterminal CTG or biophysical profile • Co-recruitment in another clinical trial where a pharmaceutical product or nutritional supplement impacting on oxidative stress is the trial intervention • Currently prescribed Fluvoxamine 	Written informed consent prior to randomisation.	Screening Randomisation Trial Database Protocol Parent Information pamphlet Parent Information and Consent Form Poster for Clinician
	Daytime: Lisa Mravcich 021430564 After hours: Chris McKinlay 0274725099	34 weeks	Inclusion: <ul style="list-style-type: none"> • At risk of hypoglycaemia and undergoing routine BGC screening Exclusion: <ul style="list-style-type: none"> • Skin irritation and/or infection • Isolation for infection risk • Critically unwell 	Written informed consent.	Protocol Consent Form Picture of Sensor

Publications

2021

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