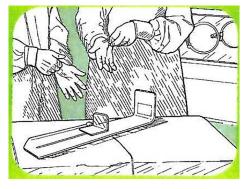


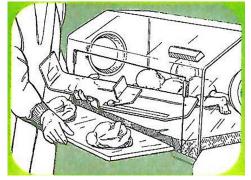
1. Two nurses scrub and gown



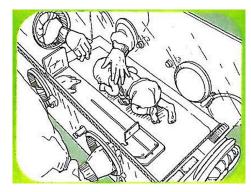
2. Clean LengthBoard thoroughly with disinfectant



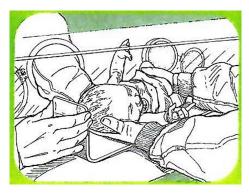
3. Wash hands or change gloves before reaching into the incubator



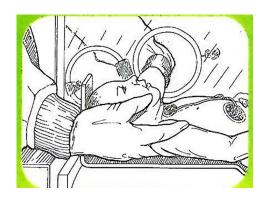
4. Open incubator door, and place LengthBoard beside infant. Close door to prevent heat loss



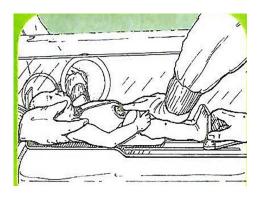
5. Both nurses reach into incubator through portholes. One pair of hands at infants head; other pair through side portholes



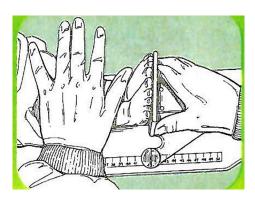
6. One nurse lifts and turns infant while second nurse slides
LengthBoard under infants body.
Position infant on back with head at stationary head piece and feet facing movable foot piece



7. One nurse positions infants head against stationary head piece by securing head and shoulders between hands. Top of head should touch stationary head piece; face should be looking toward the ceiling. Avoid hyperextending infants neck



8. Second nurse straightens infants body along center of LengthBoard. Using left hand, apply gentle but firm pressure to infant's knees and hold legs in place. Using right hand, slide loot piece until it is positioned firmly against infant's heels. Toes should point directly up. Both nurses should check to be sure infants head and body remain properly positioned during procedure.



9. Read length measurement through magnifier and record value to the nearest 0.1 cm (eg. 42.1 cm) Repeat steps 7-9 at least once. If second measurement is not within 0.2 cm, repeat procedure and average the two closest measurements. Record and plot measurement on appropriate growth chart

## When to use the Premie Lengthboard

- BIRTH LENGTH: Should be measured after delivery, when infant's medical condition is sufficiently stable.
- MEASUREMENT INTERVALS: Length measurements should be taken weekly, after infant has regained birth weight and is beginning to show daily increases in body weight (or as specified by nursery policy)
- POSTPONE MEASUREMENT of infants who are seriously ill or stressed until after their medical condition has stabilized.

## Why length measurements are important

- LENGTH 1S T'ME MOST STABLE MEASURE OF PHYSICAL GROWTH. Unlike body weight, length does not fluctuate in response to changes in state of hydration such as edema or dehy-dration. In contrast with head circumference, body length is not altered directly by conditions such as intra cranial hemorrhage. Apparent decreases in length suggest measurement, recording or plotting errors.
- LENGTH MEASUREMENTS AID IN THE INTERPRETATION OF BODY WEIGHT. Problems such as disproportionate
  growth can be detected by measuring both length and weight. Comparing length and weight also helps in
  evaluating the appropriateness of specific feeding regimens.
- LINEAR GROWTH IS AN IMPORTANT INDICATOR OF BOTH NUTRITIONAL AND CLINICAL STATUS. Infants who
  are well nourished and gaining length are also more likely to generate new, functional tissue that can
  facilitate recovery and improve clinical outcome.

## Monitoring linear growth

- LENGTH AS WELL.AS WEIGHT AND HEAD CIRCUMFERENCE MEASUREMENTS SHOULD BE RECORDED AND PLOTTED ON AN APPROPRIATE GROWTH CHART. Note on chart if values have been corrected for gestational age.
- USE GROWTH CHART TO DETERMINE IF INFANT'S GROWTH IS PROPORTIONATE FOR WEIGHT, LENGTH AND HEAD CIRCUMFERENCE.
- ADJUST TYPE AND AMOUNT OF FEEDING, IF INDICATED
- PREMATURE INFANTS USUALLY GAIN AN AVERAGE OF 0.5 TO 1.0 CM IN BODY LENGTH PER WEEK.

<sup>1.</sup> Babson SG: Growth of low birth weight infants. J Pediatr 77:11-18, 1970

<sup>2.</sup> Usher R. Mclean F: Intrauterine .growth of live-born Caucasian infants at sea level Standards obtained from measurements in 7 dimentions of infants born between 25 and 44 weeks of gestation J Pediatr 74:901-910, 1969