Office Excel, and the data were analyzed using the *Statistical Package for Social Science* - version 23.0. Results are presented as mean ± standard deviation, median (minimum and maximum amplitude) or absolute and relative frequency (n/%).
Results: Of 516 records, 50 (9.6%) events of unplanned extubations were identified in 3 of the 5 cities representing the regions of Brazil, being North (n=7/14%), Midwest (n=11/22%) and South (n=32/64%). The highest incidence of unplanned extubations was in premature newborns (n=36/72%), whose mean body weight on the day of the event was 2,312 ± 966 g. The median number of days on invasive mechanical ventilation was 5 (1-62) days. After unplanned extubation, 54% of the newborns needed non-invasive mechanical ventilation support (n=27) and 46% had failure and required reintubation in less than 48 hours (n=12), with a mean time between extubation and reintubation of 4.5 ± 13.72 hours.
Conclusion: Premature newborns weighing less than 2,500g presented, in this study, a higher incidence of unplanned extubation. In addition, the need for reintubation was frequent in the sample, thus indicating the adequacy of management during newborn care and handling of the endotracheal tube.
Implications: Knowing the characteristics of newborns with a higher incidence of unplanned extubation may improve care in the NICU, thus preventing the occurrence of adverse events.
Keywords: Newborn, Neonatal intensive care unit, Unplanned extubation

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PARTICIPATION OF INFANTS AT BIOLOGICAL RISK IS FACILITATED BY REMOTE INTERVENTION CARRIED OUT BY PARENTS — STEP PROTOCOL: RANDOMIZED CLINICAL TRIAL

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Background: Early intervention is highly recommended for infants who present some biological risk. Some principles of this intervention are well established, such as family-centered practice, parental involvement in-home therapy, and environmental enrichment. However, although participation is currently considered the main goal to be achieved in the intervention, few protocols assess this component, and even fewer use participation as a component of early intervention. Furthermore, it is essential to verify the effectiveness of remote protocols, considering that this modality of therapy delivery has been adopted more frequently in recent years.
Objectives: To verify the effectiveness of the remote STEP protocol (composed of stimulation of motor skills, participation, mother-child interaction, and environmental enrichment) in the participation of infants at biological risk at home in the first year of life.
Methods: This is a randomized controlled clinical trial. The study included 46 infants with biological risk (prematurity, low birth weight, hospitalization, cardiopulmonary resuscitation) between 3 and 9 months, who were randomized into the STEP Group (n=24, mean age=6.3 months) and the Control Group (n=22, mean age=6.4 months). Assessments were blinded, and infants were assessed for their frequency and involvement in participation at home by Young Children's Participation and Environment Measure (YC-PEM) via telephone interview, before and after the intervention. The STEP group 79had goals established by the parents and the intervention consisted of specific motor training (based on the principles of motor learning, focus on repetition, variation, and increasing the complexity of the task); stimulation of participation (increased involvement of the infant in daily tasks, such as feeding and self-care, and playing with family members); guidance regarding mother-child interaction and environmental enrichment (promotion of an environment rich in stimuli, with greater possibilities for exploration). The control group had its goals defined by the therapist, and the intervention was based on motor stimulation, according to the infant's abilities. In both groups, the intervention was carried out by the parents at home, with instructions given by the therapist remotely, lasting 10 weeks (5 times a week, 30 minutes a day). Infants showed no differences in baseline measurements. A Mann-Whitney test was applied to verify the difference between the change of groups after the intervention, with a significance of 5%.
Results: The STEP group showed significantly higher improvement compared to the control group after the intervention, in the domain of frequency (p=0.005) and participation involvement (p=0.005).
Conclusion: The STEP protocol proved to be promising to enhance the participation at home of infants at biological risk in the first year of life. This result reinforces the importance of stimulating participation in activities of daily living and interactions with the family.
Implications: Early intervention protocols that stimulate not only motor domains but also involve a biopsychosocial approach, should be included in clinical practice. The results demonstrate how this model, which takes into account preferences and family involvement, encourages participation, and has a low investment cost, can improve functionality in the first year of life.
Keywords: Early intervention, Infants, Participation

Conflict of interest: The authors declare no conflict of interest.
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ASSOCIATION BETWEEN ARTHRALGIA AND TIME OF HORMONIOTHERAPY IN WOMEN SUBMITTED TO ONCOLOGICAL TREATMENT

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Background: Hormone therapy is a highly effective treatment for reducing recurrence and mortality in women with breast cancer. However, it can cause several adverse effects such as arthralgia. Few studies investigate the factors that can influence arthralgia in women undergoing cancer treatment.
Objectives: to investigate the association between the duration of hormone therapy and arthralgia in women undergoing treatment for breast cancer.