Effectiveness of Bubble Continuous Positive Airway Pressure for Treatment of Children Aged 1–59 Months with Severe Pneumonia and Hypoxemia: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Systematic Review

Volume 62, Pages 440-450, June 2025

Mohammad Tanashat¹ · AlMothana Manasrah² · Omar Abdullah Bataineh³ · Ahmad Abdelrazek⁴ · Mohamed Abouzid^{5,6}

¹Faculty of Medicine, Yarmouk University, Irbid, Jordan; ²Department of Internal Medicine, United Health Services- Wilson Medical Center, Johnson City, New York, USA; ³Faculty of Medicine, Jordan University of Science and Technology, Irbid, Jordan; ⁴Mayo Clinic, Rochester, USA; ⁵Department of Physical Pharmacy and Pharmacokinetics, Faculty of Pharmacy, Poznan University of Medical Sciences, Rokietnicka 3 St., 60-806 Poznan, Poland; ⁶Doctoral School, Poznan University of Medical Sciences, 60-812 Poznan, Poland.

Correspondence to: Mohamed Abouzid, mmahmoud@ump.edu.pl; Mohammad Tanashat, mohammad_tanashat@hotmail.com; AlMothana Manasrah, Almothanamanasrah@gmail.com; Omar Abdullah Bataineh, omarbataineh80@gmail.com; Ahmad Abdelrazek, Drahmadsaeed28@gmail.com

Received: 28 May 2024 / Accepted: 2 April 2025 / Published online: 29 April 2025

https://doi.org/10.1007/s13312-025-00081-x

ABSTRACT

OBJECTIVE

Continuous positive airway pressure (CPAP) is a standard treatment for children with moderate to severe respiratory distress; however, ventilators are often unavailable in developing countries. Bubble CPAP (bCPAP) is considered a simple, cost effective and less invasive alternative to CPAP, however, its efficacy has not been assessed for children with pneumonia until recently. This meta-analysis aims to compare the effectiveness of bCPAP with low-flow oxygen for treating severe pneumonia and hypoxemia in children.

METHODS

PubMed, EMBASE, Cochrane Library, Web of Science, and CENTRAL were searched to identify eligible randomized controlled trials reported up to March 23, 2024. Outcomes were reported as risk ratios (RRs) or mean difference (MD) and confidence intervals (Cls) using Review Manager software. P value < 0.05 was considered statistically significant.

RESULTS

Three studies with 2030 patients were included and revealed no significant difference between bCPAP and control in overall mortality [RR (95% CI) 0.46 (0.09, 2.32); P = 0.348], death during hospital stay [0.48 (0.02, 9.09), P = 0.619], composite primary outcome [0.48 (0.12, 1.97), P = 0.301], pneumothorax [1.94 (0.16, 23.11), P = 0.601], leaving hospital against medical advice [0.63 (0.16, 2.39), P = 0.489], and length of hospital stay [MD (95%CI) 0.15 days (- 0.66, 0.96), P = 0.706]. Children on bCPAP had significantly fewer events of severe hypoxemia [RR (95% CI) 0.22 (0.10, 0.49), P < 0.001], and less requirement for mechanical ventilation [RR (95% CI) 0.38 (0.15, 0.99), P = 0.048].

How to access full text of this article for IAP members?

The full text of articles published in the Indian Pediatrics from Jan 2025 onwards will be accessible freely only to the members of the Indian Academy of Pediatrics (IAP). Please follow the following steps to access the articles

Steps

1. Go the Indian Academy of Pediatrics (IAP) website (https://iapindia.org/)

2. Login as member using your registered mobile number/ email and your password

(https://iapindia.org/member-login.php).

3. You will now be directed

to https://iapindia.org/singlelogin/index.php

4. Scroll down to Indian Pediatrics Current Issue and click the icon. You will be directed

- to https://link.springer.com/journal/13312
- 5. You will be able to access the desired article

6. In case you have forgotten your password, it can be reset using an OTP sent to your registered mobile number or email address.

7. In case of any difficulty, kindly contact the central office at <u>centraloffice@iapindia.org</u> or Phone: (022) 27710857

8. You may also write

to ip.subscription@iapindia.org or jiap@iapindia.org

CONCLUSIONS

bCPAP is not superior to low-flow oxygen for improving survival and reducing hospital stay in children with pneumonia, albeit the need for mechanical ventilation decreases.

REFERENCES

1. McCollum ED, Mvalo T, Eckerle M, et al. Bubble continuous positive airway pressure for children with high-risk conditions and severe pneumonia in Malawi: An open label, randomised, controlled trial. Lancet Respir Med. 2019;7:964–74.

2. Chisti MJ, Salam MA, Smith JH, et al. Bubble continuous positive airway pressure for children with severe pneumonia and hypoxaemia in Bangladesh: an open, randomised controlled trial. Lancet Lond Engl. 2015;386:1057–65.

3. Gebre M, Haile K, Duke T, et al. Effectiveness of bubble continuous positive airway pressure for treatment of children aged 1–59 months with severe pneumonia and hypoxaemia in Ethiopia: a pragmatic cluster-randomised controlled trial. Lancet Glob Health. 2024;12:e804–14.

4. World Health Organization. Pneumonia in children. Available from: <u>https://www.who.int/news-room/fact-sheets/detail/pneumonia</u>. Accessed May 8, 2024

5. McAllister DA, Liu L, Shi T, et al. Global, regional, and national estimates of pneumonia morbidity and mortality in children younger than 5 years between 2000 and 2015: a systematic analysis. Lancet Glob Health. 2018;7:e47-57.

6. Rahman AE, Hossain AT, Nair H, et al. Prevalence of hypoxaemia in children with pneumonia in low-income and middle-income countries: a systematic review and meta-analysis. Lancet Glob Health. 2022;10:e348–59.

7. Duke T. CPAP: a guide for clinicians in developing countries. Paediatr Int Child Health. 2014;34:3–11.

8. Martin S, Duke T, Davis P. Efficacy and safety of bubble CPAP in neonatal care in low and middle income countries: a systematic review. Arch Dis Child Fetal Neonatal Ed. 2014;99:F495-504.

9. De Paoli AG, Morley C, Davis PG. Nasal CPAP for neonates: What do we know in 2003? Arch Dis Child Fetal Neonatal Ed. 2003;88:F168-172.

10. Kelly Bluth. A Healthy First Breath for Malawi's Newborns. Available from: <u>https://2017-2020.usaid.gov/news-information/frontlines/youth-mobile-technology/healthy-first-breath-malawi%E2%80%99s-newborns</u>. Accessed on May 8 2024

11. Kambarami R, Chidede O, Chirisa M. Neonatal intensive care in a developing country: outcome and factors associated with mortality. Cent Afr J Med. 2000;46:205–7.

12. Ho NK. Priorities in neonatal care in developing countries. Singapore Med J. 1996;37:424–7.

13. Brown J, Machen H, Kawaza K, et al. A high-value, low-cost bubble continuous positive airway pressure system for low-resource settings: Technical assessment and initial case reports. PLoS ONE. 2013;8:e53622.

14. Kaur C, Sema A, Beri RS, Puliyel JM. A simple circuit to deliver bubbling CPAP. Indian Pediatr. 2008;45:312–4.

15. Keenan W. Possible continuous positive airway pressure treatment of children with pneumonia. J Pediatr. 2013;162:892–3.

16. ten Brink F, Duke T, Evans J. High-flow nasal prong oxygen therapy or nasopharyngeal continuous positive airway pressure for children with moderate-to-severe respiratory distress?*. Pediatr Crit Care Med J Soc Crit Care Med World Fed Pediatr Intensive Crit Care Soc. 2013;14:e326-331.

17. Lampland AL, Plumm B, Meyers PA, Worwa CT, Mammel MC. Observational study of humidified high-flow nasal cannula compared with nasal continuous positive airway pressure. J Pediatr. 2009;154:177–82.

18. Spentzas T, Minarik M, Patters AB, Vinson B, Stidham G. Children with respiratory distress treated with high-flow nasal cannula. J Intensive Care Med. 2009;24:323–8.

19. McKiernan C, Chua LC, Visintainer PF, Allen H. High flow nasal cannulae therapy in infants with bronchiolitis. J Pediatr. 2010;156:634–8.

20. Schibler A, Pham TMT, Dunster KR, et al. Reduced intubation rates for infants after introduction of high-fl ow nasal prong oxygen delivery. Intensive Care Med. 2011;37:847–52.

21. Sterne JAC, Savović J, Page MJ, et al. RoB 2: A revised tool for assessing risk of bias in randomised trials. BMJ. 2019;366:I4898.

22. Dettori JR, Norvell DC, Chapman JR. Fixed-effect vs random-effects models for meta-analysis: 3 points to consider. Glob Spine J. 2022;12:1624–6.

23. McKenzie JE, Brennan SE, Ryan RE, Thomson HJ, Johnston RV. Chapter 9: Summarizing study characteristics and preparing for synthesis. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA, editors. Cochrane handbook for systematic reviews of interventions version 6.5. Cochrane, 2024.

Available from: <u>https://training.cochrane.org/handbook/current/chapter-09</u>

24. Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia. Available from: https://www.covidence.org . Accessed on Feb 18 2024

25. McGuinness LA, Higgins JPT. Risk-of-bias VISualization (robvis): An R package and shiny web app for visualizing risk-of-bias assessments. Res Synth Methods. 2021;12:55–61.

26. van den Heuvel M, Blencowe H, Mittermayer K, et al. Introduction of bubble CPAP in a teaching hospital in Malawi. Ann Trop Paediatr. 2011;31:59–65.