Introduction
Preterm infants have weak muscle tone when they are born, so if they aren’t supported they tend to spread out. The immature musculoskeletal structures lead to vulnerability for postural and skeletal mal-alignment. However, owing to the acute care setting of NICU, professionals tend to address and focus on the acute physiological problems after the admission of the infant. Optimal positioning of the premature infants is easily neglected. Actually, there is no unit protocol or guideline to recommend the care. In order to further improve the outcomes of the premature infants, supporting positioning to enhance developmental care should be started when they are still in the NICU. The practice would involve flexing their muscles, which helps with normal development of muscle tone.

Objectives
1. To evaluate on the current practices
2. To develop and implement a standardized protocol in infant positioning
3. To enhance the practice of optimal positioning of preterm infants during their hospital stay

Methodology
1. Evaluate on the current status in positioning of preterm infants in NICU
2. Prepare the unit protocol for positioning of preterm infants
3. Prepare cue cards for staff reference at bedside
4. Provide briefing to staff to share the consequences of inappropriate positioning and our improvement program

Result
The Infant Position Assessment Tool (IPAT) is a six items tool with cumulative scores
ranging from 0 to 12 for evaluation of the positioning practices. The ideal positioning score is >9.
30 IPAT scores were collected on infants who were 24 4/7 to 37 5/7 weeks gestation before and after the implementation of CQI program. The mean IPAT score for the pre CQI program group was 5.73 and the mean IPAT score for the post CQI program was 9.5.
After the implementing CQI program, the IPAT score was significantly increased. It shows that the practice of optimal positioning of preterm infants during their hospital stay was greatly improved after implementing the CQI program.