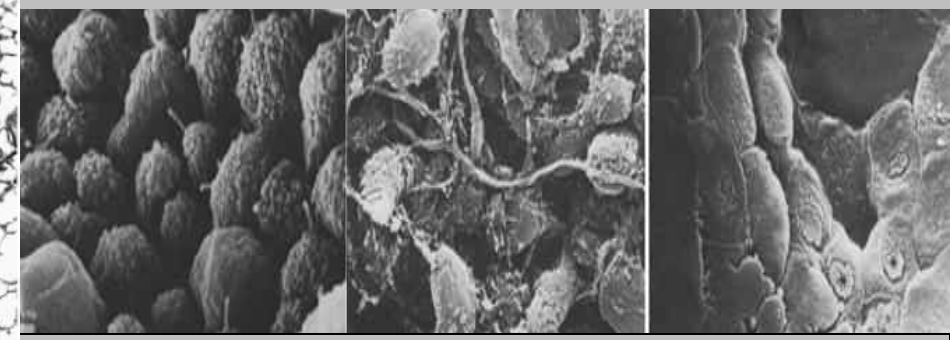
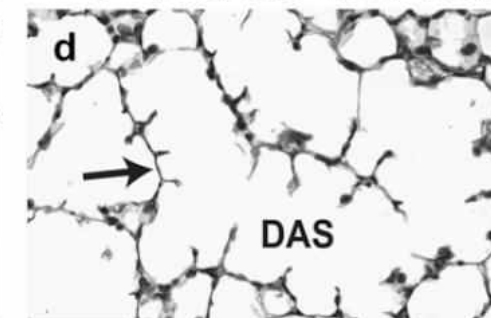
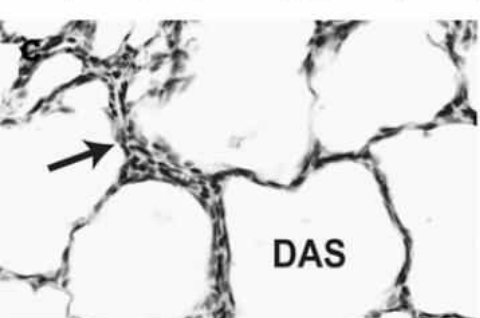
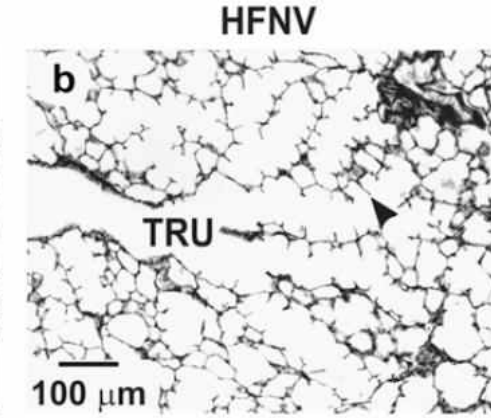
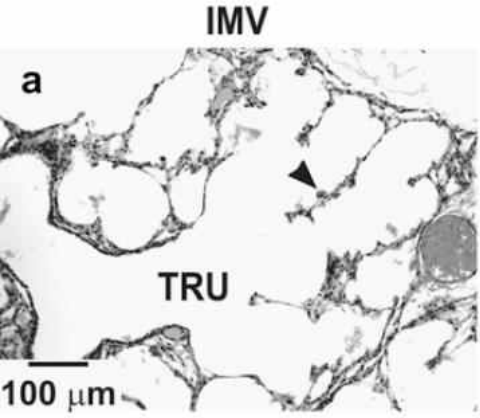


Sato K Ann Otol Rhinol Laryngol. 2006 115:816

Necrotizing TracheoBronchitis Kirpalani H CCM1985



Grossmann G, Eur J Pediatr 1986 145:361

Reyburn M. Am J Respir Crit Care Med. 2008

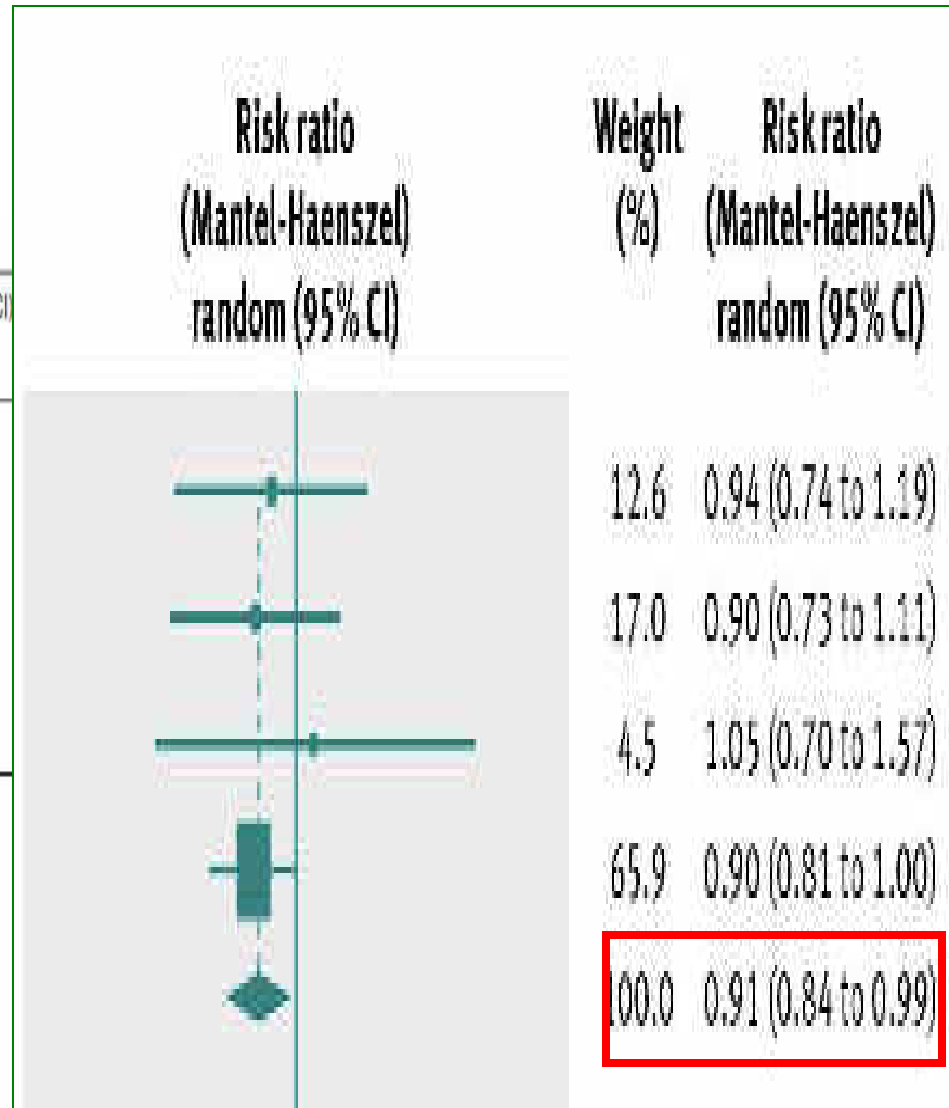
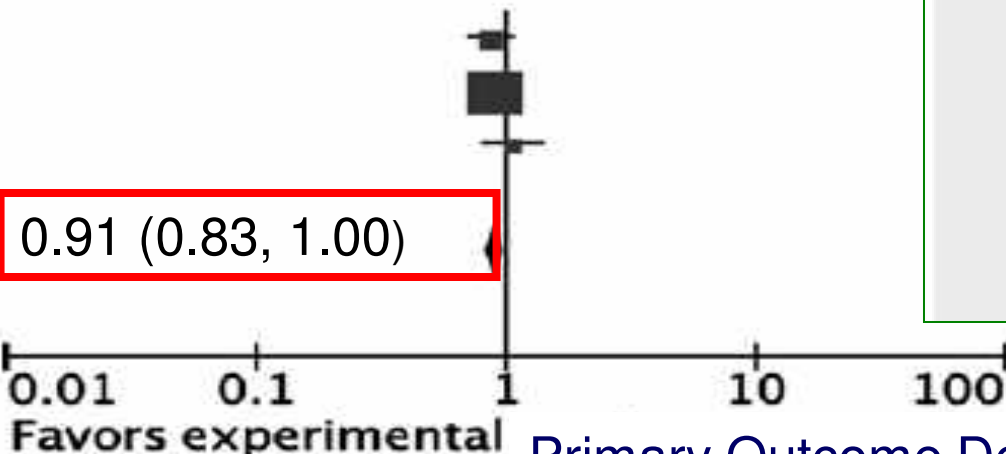


## Targeting Inflammation to Prevent Bronchopulmonary Dysplasia: Can New Insights Be Translated Into Therapies?

Wright CL, Kirpalani H 2011: 128: 111

	EVENTS	TOTAL	EVENTS	TOTAL		
Morley et al <sup>154</sup> (2008)	104	307	118	303	22.1	0.87 (0.70-1.07)
Finer et al <sup>155</sup> (2010)	323	663	353	653	66.2	0.90 (0.81-1.00)
Dunn et al <sup>156</sup> (2010)	68	223	62	216	11.7	1.06 (0.80-1.42)
Total (95% CI)	—	1193	—	1172	100.0	0.91 (0.83-1.00)

RR M-H, Fixed, 95% CI



# Respiratory Support in Preterm Infants at Birth

COMMITTEE ON FETUS AND NEWBORN

*Pediatrics* 2014;133;171; originally published online December 30, 2013;

# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

- 1) Using CPAP immediately after birth with subsequent selective surfactant administration may be considered as an alternative to routine intubation with prophylactic or early surfactant administration in preterm infants (Level of Evidence: 1, Strong Recommendation).
- 2) If it is likely that respiratory support with a ventilator will be needed, early administration of surfactant followed by rapid extubation is preferable to prolonged ventilation (Level of Evidence: 1, Strong Recommendation)