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Lung alert

CPAP can be considered as an alternative to intubation and surfactant treatment in extremely preterm infants

In this study of 1316 infants born 24–27 weeks and 6 days gestation, extremely low weight infants were randomised to receive continuous positive airway pressure (CPAP) treatment in the delivery room or intubation and surfactant treatment <1 h after birth.

The primary outcome of death was not significantly different between treatment groups. Rates of bronchopulmonary dysplasia (supplemental oxygen requirement at 36 weeks) were also not significantly different. Secondary outcomes in this study showed that infants receiving CPAP treatment required significantly less intubation or postnatal corticosteroids for bronchopulmonary dysplasia and fewer mechanically ventilated days. Infants treated with CPAP were also more likely to be alive and off mechanical ventilation by day 7, with no other significantly different adverse outcomes between groups.

This multicentre trial strongly suggests that CPAP in the delivery room can be considered as an alternative to intubation and surfactant treatment without jeopardising extremely preterm infant outcome.

► **Finer NN**, Carlo WA, Walsh MC, *et al*; SUPPORT Study Group of the Eunice Kennedy Shriver NICHD Neonatal Research Network. Early CPAP versus surfactant in extremely preterm infants. *N Engl J Med* 2010;**362**:1970–9.

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