NON-INVASIVE VENTILATION AND SURFACTANT TREATMENT - THE SCANDINAVIAN WAY

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Current evidence indicates that a strategy of early CPAP in very preterm infants is as safe as routine intubation in the DR. There appears to be no serious side effects and a tendency towards improved outcome, at least in the short term. Prophylactic surfactant no longer gives any clear benefits over selective treatment, but surfactant should be given early in the course of RDS and a strategy for surfactant administration is imperative for a practice of early CPAP. Predicting which infants will fail CPAP and decide the optimal time and mode for surfactant administration are important future goals. In a situation of equipoise, the least invasive approach should be chosen. Thus, early CPAP could now be considered as the recommended intitial ventilation support for preterm infants, leaving the burden of proving superiority to those still advocating primary intubation.

The overall evidence and experiences from Scandinavia will be discussed.