

suggest a best O₂ saturation level for preventing ROP and mortality, there is still a number of premature newborn infants who have developed ROP through receiving too much oxygen which should not have occurred if the appropriate saturation limits were correctly set.

References

1. Wright KW, Sami D, Thompson L, et al: A physiologic reduced oxygen protocol decreases the incidence of threshold retinopathy of prematurity. *Trans Am Ophthalmol Soc*, 2006;104,78-84.
2. Schmidt B, Whyte RK, Asztalos EV, et al: Effects of targeting higher vs lower arterial oxygen saturations on death or disability in extremely preterm infants: a randomized clinical trial. *JAMA* 2013;309:2111-20.
3. BOOST II United Kingdom Collaborative Group; BOOST II Australia Collaborative Group; BOOST II New Zealand Collaborative Group, et al: Oxygen saturation and outcomes in preterm infants. *N Engl J Med* 2013;368:2094-104.
4. Fierson WM, American Academy of Pediatrics Section on Ophthalmology, American Academy of Ophthalmology, et al: Screening examination of premature infants for retinopathy of prematurity. *Pediatrics*. 2013;131:189-95.
5. Chow LC, Wright KW, Sola A, et al: Can changes in clinical practice decrease the incidence of severe retinopathy of prematurity in very low birth weight infants? *Pediatrics*. 2003;111:339-45.
6. SUPPORT Study Group of the Eunice Kennedy Shriver NICHD Neonatal Research Network: Target ranges of oxygen saturation in extremely preterm infants. *N Engl J Med*. 2010;362:1959-69.
7. SUPPORT Study Group of the Eunice Kennedy Shriver NICHD Neonatal Research Network, Carlo WA, Finer NN, et al. Target ranges of oxygen saturation in extremely preterm infants. *N Engl J Med* 2010 27;362:1959-69.
8. The STOP-ROP Multicenter Study Group: Supplemental therapeutic oxygen for prethreshold retinopathy of prematurity (STOP-ROP), a randomized, controlled trial. I: Primary outcomes. *Pediatrics* 2000; 105, 295-310.