

LEVELS OF EVIDENCE FOR SURFACTANT THERAPY

IA

Surfactant treatment, whether prophylactic or rescue, decreases the incidence and severity of RDS. It is recommended to administer it within the first 8 hours of life at a dose of 100 mg/kg.

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Prophylactic use in infants under 30 weeks gestation and with limited exposure to prenatal steroids reduces mortality, the frequency and severity of RDS, air leaks, and bronchopulmonary dysplasia.

IA

Natural and synthetic surfactants decrease morbidity and mortality in preterm neonates

IIA

The new synthetic surfactants, due to their protein component, are a good treatment strategy and useful in disorders caused by surfactant deficiency

IIA

Surfactant replacement has not shown an effect on the incidence of neurological and developmental abnormalities, and on the medical or educational outcomes of preterm neonates