BOOST - II UK
Benefits Of Oxygen Saturation Targeting

Full Title

Which oxygen saturation level should we use for very premature infants? A randomised controlled trial. Benefits Of Oxygen Saturation Targeting (BOOST-II UK)

General summary

Most very premature babies require supplemental oxygen for several weeks after birth. However, the optimum range of oxygen saturation for preterm infants in the first few weeks from birth is unknown. BOOST-II UK was a masked randomised controlled trial to compare the effects of targeting arterial oxygen saturations at levels of 85–89% versus 91–95% in babies born at less than 28 weeks of gestation.

Between September 2007 and December 2010, 973 infants born at less than 28 weeks of gestation were recruited from 35 centres in the UK and Ireland and randomly assigned to one of the interventions (targeting oxygen saturations at either 85–89% or 91–95%).

Publication of clinical trial results

The results of the BOOST-II UK trial were published in the New England Journal of Medicine. The article is publicly available for viewing on nejm.org.

Reference: Tarnow-Mordi W, Stenson B, Kirby A, Juszczak E, Donoghoe M, Deshpande S, et al. Outcomes of Two Trials of Oxygen-Saturation Targets in Preterm Infants. *N Engl J Med*. 2016;374(8):749-760

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