Position Statement, 2016 World Health Assembly
**Prevention of Blindness Due to Retinopathy of Prematurity (ROP)**
International Pediatric Association
May 2016

A preventable epidemic of neonatal blindness associated with use of therapeutic oxygen for prematurely born babies is occurring. This epidemic is largely preventable with improved medical practices and procedures with low cost and huge cost savings for families, communities and nations.

ROP occurs in prematurely born babies throughout the world. Each year 20,000 babies suffer total blindness or severe visual impairment. Many more (>12,000) develop moderate/mild visual impairment each year. Most of these cases occur in low to middle income countries.

The following steps will greatly help eliminate this epidemic of life long blindness:

1. Appropriate use of antenatal corticosteroids & early constant positive airway pressure can reduce the need for supplemental oxygen in preterm babies.
2. Resuscitation of most preterm infant should be started with room air.
3. Oxygen supplementation requires a method for adjusting oxygen concentrations.
4. Pulse oximeters should be used if a baby is given extra oxygen with measurements and adjustment of supplemental oxygen at least every 6 hours.
5. Target oxygen saturations should be 90-95% avoiding periods of time >95%.
6. Every preterm infant < 34 weeks gestation at birth treated with oxygen should have an eye exam 4-5 weeks following birth with referral for ROP treatment as needed.

The IPA and member national pediatric societies stand ready to assist in forming feasible vision saving written policies and procedures The IPA urges the members of the WHA to help accelerate a solution by encouraging Ministries of Health and pediatric professional bodies work together to implement preventative strategies guiding the use of therapeutic oxygen along with programs to diagnose and treat ROP to help prevent blindness in preterm babies.