**Summary of recommendations for practice and research:**

**What we know:**

* Newborn mechanical ventilation treatment is largely based on evidence targeting premature infants
* Evidence about how to optimize oxygenation and ventilation in full term newborns receiving mechanical ventilation is lacking

**What needs to be studied:**

* There is an urgent need for high quality studies, preferably RCTs, in full term newborns requiring mechanical ventilation to optimize oxygenation, ventilation, and short-term outcomes, potentially stratified according to the underlying pathology

**What we can do today:**

* Use the mode SIMV and give 6 ml/kg per artificial breath
* Ensuring a positive end-expiratory pressure of 8 cm H2O may be advantageous in full term newborns