Antenatal Corticosteroids for Fetal Benefit

Target group: pregnancy at increased risk of preterm birth in the next seven days.

1. Indications For Initial Course of Antenatal steroids.
   - Preterm: 23w 0d to 34w 0d
     - One standard course of steroids (e.g. betamethasone 12 mg IM, q 24 hours x 2 doses; may use dexamethasone if betamethasone is unavailable).
   - Late preterm: 34w 0d – 36w 6d
     - Suggested indications:
       - Patient developing preeclampsia or worsening hypertension that may signal a need for late preterm delivery.
       - Onset of preterm labor with uterine activity and cervical change (e.g. – dilation of 3 cm or greater, effacement of 75% or greater).
       - Miscellaneous medical or obstetric condition that may require delivery in the late preterm period. Examples might include bleeding placenta previa, placenta accreta, prior classical uterine incision, etc.
     - Same dose of betamethasone.
     - Do not delay delivery if indicated (e.g. severe preeclampsia).
     - Not eligible for a “rescue” course if the patient has already received an initial course of steroids.
     - Do not administer tocolysis to delay delivery, allow labor to take a natural course.
     - Do not administer if there is evidence of chorioamnionitis.
     - Uncertain benefit for patients with diabetes, multiple gestation, or fetal anomalies.
     - Notify Pediatrics, as the infant may be at increased risk of neonatal hypoglycemia.

2. Indications for a Second (Rescue) Course of Antenatal Steroids
   - A repeat course should be considered in patients who have already received a course of steroids that was administered at least seven days previously, and are between 24w 0d and 34w 0d.
   - More than one repeat course should not be administered.
   - Late preterm pregnancies (34w – 36w 6d) are not a candidate.

3. Additional Indications may be suggested after discussion with Neonatology or Pediatrics.

References


Rescue corticosteroids in PPROM