

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 \leq 33w 6/7 d
 - 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 to \leq 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 \leq 33 w 6/7d
 - More than one repeat course should not be administered.
 - Late preterm pregnancies (34w 0d – \leq 36w 6d) are not candidates.
3. Additional Indications may be suggested after discussion with Neonatology or Pediatrics.

References

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