

What is this?

There are a variety of events or conditions in pregnancy that may mean your baby will be born early (premature).

- You may go into labour before baby is due
- You may have had a lot of bleeding from your vagina
- You may need to have baby early because you or the baby are unwell
- Your "waters" (bag of fluid around baby) may break

If it is likely that your baby will be born very early, i.e. before 34 weeks, you will be offered a course of corticosteroids (steroids). Steroid treatment was developed in New Zealand in the 1970s, and has been offered to all pregnant women at risk of preterm birth since 1994. It speeds up the maturing of the baby's organs and tissues, improving how well the lungs work.

Two of the most serious problems that premature babies can face when they are born are:

- o Respiratory Distress Syndrome (breathing problems)
- o Intraventricular haemorrhage (bleeding in the brain).

What does it do?

Research in the 90s and since has confirmed that antenatal (before birth) steroid therapy reduces the numbers of babies suffering from

- o death,
- o breathing problems,
- o digestive problems (necrotising enterocolitis)
- o bleeding in the brain in premature infants.

The benefits are greatest after 24 hours from the start of treatment.

Side effects:

Baby – So far we have seen no negative effects on the physical growth or mental development of children given a course of steroids before birth (and follow-up for some has been continued into adulthood).

Mother – For pregnant diabetic women, diabetic control may become more difficult for a little while and insulin amounts may have to be changed. Also, any screening for gestational diabetes (the Polycose test) should be delayed for several days. Slight fluid retention and increased blood pressure may occur in some women for a short time.

How is it given?

In New Zealand, Betamethasone is the name of the steroid used and the standard treatment used at the moment is two doses, given by injection to the mother, 24 hours apart. This is what we call a single course.

Repeated doses?

A single course of steroids halves the risk of Respiratory Distress Syndrome in babies born before 32 weeks (from 40% to 21%).

Several trials have looked at repeat doses 7 to 14 days after the first course as a "booster". The ACTORDS (2004) trial showed some benefits to repeat doses whilst other studies which used different dosing regimes, have not.

A repeat dose/doses may be helpful for your baby, depending on how many weeks pregnant you are and other factors. This should be discussed with your LMC (Lead Maternity Carer) and/or Specialist.

For further information or any concerns, please discuss with your doctor or midwife.

References:

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Women's Health Division

Antenatal Corticosteroids for premature babies

Information
for
Women