

References include:

Royal College of Obstetricians and Gynaecologists
“Antenatal Corticosteroids to reduce neonatal morbidity and mortality” Greentop Guideline No. 7, October 2010.

Lee, M-J and Guinn, D, “Antenatal corticosteroid therapy for reduction of neonatal morbidity and mortality from preterm delivery”, www.uptodate.com, April 2016.

Stutchfield, P, et al “Behavioural, educational and respiratory outcomes of antenatal Betamethasone for term Caesarean section (ASTECS trial), Arch Dis Child Fetal Neonatal Ed, 2013.

Crowther, Caroline; Brow, Julie; Alsweiler, Jane et al “Antenatal corticosteroids given to women prior to birth to improve fetal, infant, child and adult health”, New Zealand and Australian Clinical Practice Guidelines, Liggins Institute, 2015.

Patient Code of Rights

YOUR CODE OF RIGHTS

- Respect and Privacy
- Fair Treatment
- Dignity and Independence
- Proper Standards
- Effective Communication
- Information
- Your choice and Decisions
- Support
- Rights during teaching and research
- Your complaints taken seriously



Women's Health

Antenatal Steroids for Preterm Babies



www.countiesmanukauhealth.org.nz

	Department: Women's Health Approved by: Director of Midwifery Owner: D. Miles (Specialist Midwife); C. Krebs (Patient Information Coordinator)	Updated: April 2017 Review: April 2020
---	---	---

Information for Pregnant Women and Whanau



Why antenatal corticosteroids?

There are a variety of events or conditions during pregnancy that may mean your baby could be born early (preterm).

- You may have gone into labour weeks before your due date
- 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 have broken early

If it is likely that your baby will be born **very** early, i.e. before 35 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.

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

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

What do corticosteroids do?

They speed up the maturing of the baby’s organs and tissues, improving how well the lungs work. (These steroids are different to the steroids you hear of that some sportspeople may take).

Ongoing research since the 1990s has confirmed that antenatal (before birth) steroid therapy reduces the number of preterm babies suffering from:

- death
- breathing problems
- digestive problems (necrotising enterocolitis)
- bleeding in the brain

Benefits are seen from 24 hours up to seven days, from the start of treatment.

Planned Caesarean Section

Planned (or elective) Caesareans should be done at 39 weeks or later to avoid potential breathing problems in babies.

But if your Caesarean section needs to happen before 37 weeks you may be offered a course of steroids to reduce the chances of baby having short-term breathing problems and needing admission to the Neonatal Unit.

Side Effects

Baby – So far there do not appear to be significant negative effects on the physical growth or mental development of preterm babies given a single course of steroids before birth (and follow-up for some has continued into adulthood).

Mother – For women with diabetes in pregnancy, diabetic control may become more difficult for a few days and insulin doses may have to be changed.

If you have Diabetes in Pregnancy you will need to be admitted to hospital for 24-48 hours while you are having steroid treatment. Also, any screening for gestational diabetes, (the Polycose or Glucose Tolerance Test), should be delayed for at least five days following treatment.

How is it given?

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

Repeat doses?

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

A repeat dose or doses may be helpful for your baby, depending on how many weeks pregnant you are, and other factors.

The aim is to give baby the most help possible with the least medication.

This should be discussed with your LMC (Lead Maternity Carer) and/or Specialist.

Please discuss any further questions you may have, including any changes in baby’s movements, with your doctor or midwife.