E-NEWS

New Guidelines for Antenatal Corticosteroids

In the early 1970s, Liggins and Howie revealed a single dose of antenatal corticosteroids in a woman at high risk for preterm delivery (PTD) reduced the severity and incidence of respiratory distress syndrome. Many providers will provide antenatal corticosteroids for women at high risk for PTD between 23-34 weeks gestation. In 2016, new recommendations on antenatal corticosteroid administration were made by three different organizations/societies. Below are listed the new recommendations per UpToDate (2017):

The **American College of Obstetricians and Gynecologists** states administration of betamethasone is recommended for women with a singleton pregnancy at $34^{0/7ths}$ to $36^{6/7ths}$ weeks of gestation at imminent risk of preterm birth within 7 days, with the following caveats:

Quick Links

GPA Website

Print Membership Application

Join or Renew Online

Join Us On Facebook

Email Us

Membership Special
$40.00
Expires 04/17

SAVE THE DATE
2017 Conference
September 20 -22
The King and Prince Beach & Golf Resort

- Antenatal corticosteroid administration should not be administered to women with chorioamnionitis.
- Tocolysis should not be used to delay delivery in women with symptoms of preterm labor to allow administration of antenatal corticosteroids. Medically/obstetrically indicated preterm delivery should not be postponed for steroid administration.
- Antenatal corticosteroids should not be administered if the patient has already received a course antenatal corticosteroids.
- Newborns should be monitored for hypoglycemia.

The **Society for Maternal-Fetal Medicine Specialists** recommends a two-dose course of antenatal betamethasone for women at $34^{0/7ths}$ to $36^{6/7ths}$ weeks of gestation at high risk for preterm birth within seven days, with the following caveats:

- For women with symptoms of preterm labor, cervical dilation should be ≥3 cm or effacement ≥75 percent before treatment and tocolysis should not be used to delay delivery for completion of the course of steroids.
- For women with potential medical/obstetric indications for early delivery, steroids should not be administered until a definite plan for delivery has been made.

The **Royal College of Obstetricians and Gynaecologists (RCOG)** recommends routine administration of antenatal glucocorticoids for (1) all women at risk of preterm birth up to and including $34^{6/7ths}$ weeks of gestation and (2) all women who must undergo scheduled cesarean delivery before $39^{/07ths}$ weeks of gestation.

Many of these recommendations remain controversial. Whenever administering

EVENTS

Savannah Perinatal Update 2017
March 8-10, 2017
International Trade and Convention Center

Emory Breastfeeding Conference
March 13-14, 2017
Atlanta, GA

CONTACT

P.O. Box 13784
Savannah, Georgia 31416
(912) 495-8266
Monday - Friday
9:00 am - 5:00 pm

medications, the provider must weigh the risk/benefit ratio in determining the best management of a patient. Corticosteroids short term benefits include: reduction in respiratory distress syndrome, intraventricular hemorrhage, necrotizing enterocolitis, neonatal mortality, and systemic infection in the first 48 hours of life. Transient hypoglycemia occurs in most women 12 hours after administration of corticosteroids and may last up to 5 days. Providers need to educate patients on the risks/benefits of corticosteroids and together develop an individualize plan to fit the needs of each patient.

References

Lee M.J , Lockwood, C.J , Barss, VA. (2017, 9, February), Antenatal *corticosteroid therapy for reduction of neonatal morbidity and mortality from preterm delivery.* Retrieved from this article.