CORTICOSTEROIDS

Corticosteroids to Promote Fetal Lung in the setting of suspected infection, particularly chorioamnionitis

SUMMARY: Steroids to promote fetal lung maturity should be initiated as early as 22 5/7 weeks while evaluating for infection in those with PTL, PPROM, or maternal sepsis.

Rationale: The Alabama Preterm Birth Study (Goldenberg et al AJOG 20006) retrospectively evaluated corticosteroid exposure in 23-32 week newborns with various markers of intrauterine infection. Corticosteroid use to promote fetal lung maturity was NOT associated with significant worsening in any neonatal outcome (RDS, chronic lung disease, IVH, PVL, NEC, SIRS) and was associated with significant REDUCTIONS in RDS and SIRS. There was a trend toward more NEC and PVL however, not statistically significant and numbers of women with both PPROM and chorioamnionitis were small.

A recent ACOG Practice Bulletin clearly states that antenatal corticosteroids should be given to promote fetal lung maturity between 24 and 34 weeks gestation if preterm delivery is likely, may be considered as early as 23 weeks, and are NOT CONTRAINDICATED in an ICU setting EVEN IN THE FACE OF MATERNAL SEPSIS.

Eligible Patients: Administer steroids (preferably betamethasone) at 24-34 weeks and strongly consider steroids for those at 23 0/7 weeks if the risk for delivery within the next 7 days appears substantial while evaluating for infection, including maternal sepsis and ICU settings. For very high risk patients, in consultation with Neonatology and Maternal Fetal Medicine, initiation of steroids at 22 5/7 weeks may be advised. In this way, the maximum benefit of the steroids is accrued by 23 0/7 weeks. In general, these situations will involve hospitalized patients.

Contraindications: Rare. Allergy to steroids.

Technique: Administer Betamethasone 12 mg IM q 24 hrs x 2 doses. This is considered one course of steroids. The alternative course is Dexamethasone, 6 mg IM q 12 hrs x 4 doses.

Reference:

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