CORTICOSTEROIDS

Corticosteroids to Promote Fetal Lung Maturity at Periviability

SUMMARY: Initiate steroids for fetal lung maturity as early as 22 5/7 weeks in very high risk situations.

Rationale: After review of available data, including outcomes data from the Cochrane (Crowther, 2015) and Vermont Oxford databases, as well as data used to create the NIH prematurity morbidity and mortality “formula”, it is apparent that extremely premature babies do better with steroids on board even if the choice is for nonaggressive OB management prior to that point.

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. 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.

Special considerations: Accurate pregnancy dating is more important than ever and should be reviewed with the patient at the time of presentation for care.

Reference: ACOG Practice Bulletin 159, Jan 2016

Date of Review: 3/29/16