Antenatal Corticosteroids to reduce neonatal morbidity and mortality



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A course of antenatal corticosteroids given within the seven days prior to preterm birth reduces perinatal and neonatal death and respiratory distress syndrome. (Grade A)



For women undergoing planned caesarean birth between 37+0 and 38+6 weeks an informed discussion should take place with the woman about the potential risks and benefits of a course of antenatal corticosteroids. Although antenatal corticosteroids may reduce admission to the neonatal unit for respiratory morbidity, it is uncertain if there is any reduction in Respiratory Distress Syndrome, Transient Tachypnoea of the Newborn or Neonatal Unit admission overall, and antenatal corticosteroids may result in harm to the neonate which includes hypoglycaemia and potential developmental delay. (Grade B)



Corticosteroids should be offered to women between 24+0 and 34+6 weeks' gestation in whom imminent preterm birth is anticipated (either due to established preterm labour, preterm prelabour rupture of membranes [PPROM] or planned preterm birth. (Grade A)



Women with twins and triplets should be offered targeted antenatal corticosteroids for early birth in line with recommendations for singletons. (Grade D)



Birth should not be delayed for antenatal corticosteroids if the indication for birth is impacting the health of the woman or her baby. (Good Practice Point)



Antenatal corticosteroids should be offered to women with **PPROM**, who are at increased risk of preterm birth. (Grade A)



Antenatal corticosteroid use reduces neonatal death when the first dose is given within the 48 hours prior to birth. (Grade D)





Benefits are also seen when the first does is given within 24 hours of birth and antenatal corticosteroids should still be given if birth is expected within this time. (Grade D)





