SMFM Preterm Birth Toolkit

Steroids 34-36 weeks of gestation Algorithm

Society for Maternal • Fetal Medicine

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Patient at 34° to 36° weeks gestation

- High likelihood of medically indicated or spontaneous delivery within 7 days and less than 37 weeks?
- Viable singleton pregnancy?
- Reassuring fetal status?
- Stable maternal status?

Yes to all

- Contraindications to steroids?
- Suspected or confirmed clinical chorioamnionitis?
- Received one or more prior courses of antenatal corticosteroids?
- Pregestational diabetes mellitus?
- Twin gestation?

Yes to any

Ineligible for antenatal corticosteroids.
Routine obstetric management.

No to any

No to all

Administer Antenatal Corticosteroids
Betamethasone 12mg IM q24 hours x 2 doses

Eligible for ACS due to PPROM

- Admit to labor and delivery
- Continuous EFM/toco
- Vaginal examination(s) only as clinically indicated
- Antibiotic treatment for GBS positive or GBS unknown
- ‘Latency’ antibiotics and tocolysis not recommended
- Cervical ripening or labor augmentation should not be delayed after first dose of ACS

Eligible for ACS due to Preterm Labor*

- Admit to labor and delivery or antepartum as applicable
- Continuous EFM/toco
- Vaginal examination(s) only as clinically indicated
- Antibiotic treatment for GBS positive or GBS unknown
- Tocolysis not recommended

Eligible for ACS due to Pre-eclampsia

- Consider admission to labor and delivery or antepartum as applicable
- Magnesium sulfate for maternal seizure prophylaxis as indicated
- Timing of delivery should be dictated by obstetric condition, and should not be delayed based on decision to administer ACS or timing of ACS administration

Eligible for ACS due to Other Indication

- Examples of other indications include: prior classical cesarean section, placenta previa/accreta spectrum, severe fetal growth restriction, etc.
- Inpatient or outpatient management as applicable
- Ideally plan first dose 2-7 days prior to cesarean section or labor induction

Abbreviations: ACS = antenatal corticosteroids; PPROM = preterm premature rupture of membranes; EFM = electronic fetal monitoring; GBS = group B strep
*Preterm labor administration criteria: at least ≥3 cm dilated OR ≥ 75% effaced
^Note: nursing/pediatrics should monitor all late preterm infants for hypoglycemia as per AAP guidelines
Disclaimer

This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine's (SMFM’s) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

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