Antenatal Corticosteroids

Best practice is to administer at 24-<34* weeks of gestation to women at high-risk for preterm delivery.

Betamethasone is glucocorticoid of choice. If not available, dexamethasone is a viable alternative.¹

- Betamethasone and dexamethasone cross the placenta readily, thus can affect fetal maturity of the lungs and other organ systems.

Dosing of betamethasone is 12mg IM q24 hours x2 doses
Dosing of dexamethasone is 6mg IM q6 hours x4 doses

A full course of antenatal corticosteroids is considered completion of either dosing regimen (betamethasone or dexamethasone)
Alternative dosing/timing is not adequately studied and should not be instituted outside of a research setting
One course of rescue steroids can be offered if a patient remains pregnant after the first course of steroids for greater than 2 weeks and then becomes at high-risk for preterm delivery at <32 weeks of gestation.²

In periviable pregnancies for women opting for full neonatal resuscitation at 23 weeks of gestation, antenatal corticosteroids should be offered.

References:

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.

This publication is not expected to reflect the opinions of all members of the Society for Maternal-Fetal Medicine.

Posted 9/16