SMFM Preterm Birth Toolkit

Steroids 23-33 weeks of gestation Matrix
<table>
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<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementation Institution / Location</th>
<th>People implementing it</th>
<th>Target of this practice</th>
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</table>
| All women deemed at high risk for preterm delivery within 7 days from 24-33 6/7 weeks | Women at risk for spontaneous or indicated preterm birth from 24 to 33 6/7 weeks should be offered antenatal corticosteroids  
• Women desiring full intervention at 23 weeks should be offered corticosteroids | All offices, clinics, and hospitals providing obstetric care | Obstetric providers, in consultation with MFM as needed | Who: Obstetric providers, nursing  
What: Identification of women who are likely to deliver between 23 to 33 6/7 weeks and in a 7 day window  
How: provider education on signs of preterm labor; provider education on conditions likely to cause indicated (iatrogenic) preterm birth | -Identify women presenting to clinic, office or triage between 24 and 33 6/7 weeks gestation who are at high risk for delivery  
-Education providers, nurses, and patients on the benefits of antenatal corticosteroids for fetal maturity  
-Review literature that shows benefits are greatest within 7 day window  
-Review literature/indications/timing for rescue steroids |
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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