



ADMINISTRATION OF ANTENATAL CORTICOSTEROIDS

A Key Intervention to Reduce Mortality and Morbidity Associated with Prematurity

The Causes and Results of Preterm Birth

Babies born before 37 weeks gestation are considered preterm babies. Preterm birth (PTB) is the biggest killer of babies worldwide, causing more than one million deaths per year. Of babies born preterm, survivors may experience lifelong health challenges such as impaired brain development, impaired learning ability and compromised physical health.¹

Why is prematurity important?

- Prematurity is on the rise globally
- MDG 4 of reducing child mortality by 2015 can only be achieved by addressing prematurity
- 1.1 million deaths are due to preterm complications, 75% of which are preventable

When a baby is born preterm, the baby faces numerous challenges, including difficulty feeding and maintaining body temperature, and can develop serious complications, principally respiratory distress syndrome (RDS), a condition in which the baby has difficulty breathing because the lungs are underdeveloped. Use of antenatal corticosteroids (ACS) reduces the severity and mortality of RDS and should be administered to every pregnant woman who is preterm¹ and has a condition that increases the chance of delivery within seven days, with few exceptions.¹

Four conditions that can lead to preterm birth

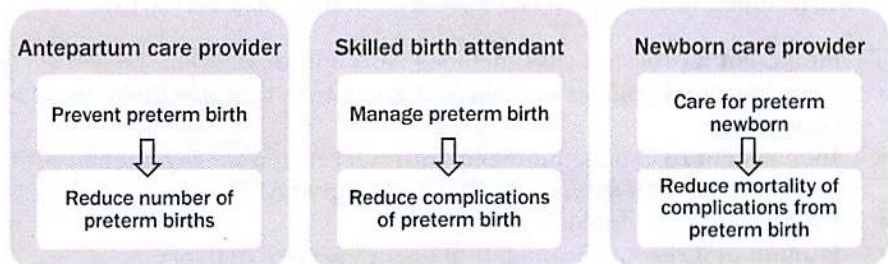


While some preterm births happen without a clear reason, there are **four main conditions** that are known to lead to preterm birth, including: preterm labor, preterm prelabor rupture of membranes, antepartum hemorrhage and severe pre-eclampsia/eclampsia. Any one of these four conditions should prompt a provider to initiate administration of ACS.

Much global attention is now directed at combating prematurity following the publication of *Born Too Soon*, a 2012 report detailing the first-ever comprehensive global statistics on prematurity. Preterm births are a complex global problem requiring investment in prevention, management and treatment from all sectors of society.

Although babies are born preterm in every country, there exist gross inequalities in the survival rates between babies born in high-income versus low-income countries because of limited access to appropriate care in low-income countries. Antenatal corticosteroids have been identified as a high-impact, effective and appropriate intervention to improve survival of preterm babies. However, in low- and middle-income countries, where morbidity is greatest, ACS coverage rates are estimated to be extremely low.¹ Subsequently, ACS is one of the thirteen underutilized commodities identified by the UN Commission on Life Saving Commodities for Women and Children.^{2,3}

Multidisciplinary collaborative perinatal approach to reduce impact of PTB



What Are Antenatal Corticosteroids?

Corticosteroids are a class of medicine given to a mother who appears to have an increased likelihood of delivering her baby early. When this drug is given to the woman, it accelerates lung development of the fetus while the baby is still in the womb. If the baby has more mature lungs at birth she/he is less likely to suffer from RDS, and thus, more likely to survive. Antenatal corticosteroids have been used since 1972 to decrease the risk and severity of RDS and increase the survival of preterm babies. This medication is highly effective and has very few side effects at the dose used in the management of threatened preterm birth.

¹ Beneficial effects have been observed at all gestational ages, however evidence is conclusive when administered between 26-34 weeks at hospital level. Country guidelines may differ on the recommended gestational age range for administration.

FAQ	Antenatal Corticosteroids
What it is...	Dexamethasone injection is the preferred ACS since it is a more widely available, less expensive drug. Betamethasone is equally effective and can also be used. ⁴
How it works...	Speeds fetal lung maturity through the increased production of natural surfactant. Also has protective effect on cerebral and intestinal blood vessels.
How it helps...	Preterm babies do not have enough surfactant, which helps the lungs expand, and therefore commonly develop RDS. By giving corticosteroids to the mother 48 hours before a baby's birth, the steroids will help the fetus produce more surfactant and suffer less from severe RDS. There are additional benefits in reducing the chance of intraventricular cerebral hemorrhage and necrotizing enterocolitis.
Who should get it...	Any mother who is preterm and has one of the four conditions (preterm labor, preterm prelabor rupture of membranes, antepartum hemorrhage, severe pre-eclampsia/eclampsia) that increase her chance of preterm delivery.
How it is given...	Four doses of dexamethasone 6 mg IM. The first dose is given immediately upon determination that the woman has one of the conditions that increases her likelihood of preterm delivery. The second, third and fourth doses are given every 12 hours thereafter. (See below for alternative regimen.)
When it is given...	Immediately upon identification of one of the four conditions that lead to preterm delivery. The maximum benefit comes 48 hours after the first injection. However, even shorter or incomplete regimens can be beneficial. Since the precise time of delivery can rarely be predicted, the medication should be initiated immediately when a condition leading to PTB is identified.
What the precautions are...	In the presence of frank or systemic infection including sepsis or fulminant disseminated tuberculosis, systemic fungal infections or cerebral malaria. Steroids should not be administered at the same time as a live virus vaccine.
Who should administer it...	The decision to give ACS is typically made by a skilled birth attendant. The injection can be administered by personnel trained to give injections.

Alternative regimen: Betamethasone 12 mg injection given intramuscularly 24 hours apart for two doses

How Effective Are ACS?

When mothers receive ACS for threatened preterm birth, studies show an approximate decrease of 35% in the number of babies who develop respiratory distress syndrome, a 30% decrease in the number of babies needing extra breathing support through assisted ventilation machines, a 45% decrease in babies with cerebral hemorrhage and a 30% decrease in the number of babies who die.⁵

What Is Required to Implement a Program for Administration of ACS?

Administration of ACS can be implemented into existing programs of essential and emergency obstetric care. Their use should be widespread because they are inexpensive, highly available and relatively easy to implement in a low-resource health system. Dexamethasone for the indication of fetal lung maturity was recently added to the 18th WHO Essential Medicines List (2013).⁶

To implement a program that includes ACS administration, health systems need:

- Clear national policies and clinical guidelines that are understood and used at all levels of the health care system.
- Inclusion of ACS as a management intervention for threatened preterm birth in the scope of work of each skilled birth attendant qualified to give ACS.
- Consistently available ACS.
- Human and resource capacity to ensure service delivery.
- Effective monitoring systems to support ACS implementation.

Conclusions

Antenatal corticosteroids are a proven technology that is inexpensive and an appropriate intervention to reduce mortality and morbidity associated with prematurity in low-, middle- and high-income countries. ACS are under-utilized in low- and middle-income countries but this can change through collaborative efforts between policymakers, healthcare professionals and communities and have lasting impact on the survival of many more babies worldwide.

¹ *Born Too Soon: The Global Action Report on Preterm Birth*, 2012. World Health Organization.

² *UN Commission on Life-Saving Commodities for Women and Children*, 2012. World Health Organization. (<http://www.unfpa.org/public/home/publications/pid/12042>).

³ Lawn, J., et al. *Antenatal corticosteroids for the reduction of deaths in preterm babies. A case study prepared for the United Nations Commission on Commodities for Women's and Children's Health*, 2012.

⁴ The American College of Obstetricians and Gynecologists, 2011. Committee Opinion: Antenatal Corticosteroid Therapy for Fetal Maturation. *Obstetrics & Gynecology* 2011; 475(117), pp. 422-424.

⁵ Roberts, D., Dalziel, S. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.:CD004454. DOI: 10.1002/14651858.CD004454.pub2.

⁶ WHO Model List of Essential Medicines 18th List April 2013 (http://www.who.int/medicines/publications/essentialmedicines/18th_EML_Final_web_8Jul13.pdf).