**CORTICOSTEROIDS**

**Corticosteroids: Rescue/Repeat**

**SUMMARY: A single repeat course of antenatal corticosteroids should be considered in pregnant people whose prior course of antenatal corticosteroids was administered at least 7 days previously and who remain at risk of preterm birth before 34 weeks’ gestation.**

**Rationale:** Neonates whose gestational parent receives antenatal corticosteroids have significantly lower severity, frequency, or both of respiratory distress, intracranial hemorrhage, necrotizing enterocolitis, and death compared with neonates who are not exposed to antenatal corticosteroids. Garite et al demonstrated the neonatal benefits of a single rescue course of antenatal corticosteroids in a multi-centered randomized placebo controlled trial in patients with intact membranes if antecedent treatment had been given at least 2 weeks before the rescue course and prior to 30 weeks, gestational age was less than 33 weeks, and the women were judged by the clinician to be likely to give birth within the next week. A Cochrane Review by Crowther et al in 2015 suggests that the time frame between initial and rescue dosing can be shortened to 1 week, no upper limit of gestational age at first steroid course needs to be considered, and the gestational age interval can be extended to 34 weeks if preterm birth remains a significant clinical concern.

**Eligible patients:** Administer rescue corticosteroids (preferably betamethasone) one time between 24-33 weeks, 6 days in those patients with intact membranes who have already received an antecedent course of corticosteroids at least 7 days prior and in whom the risk for delivery within the next 7 days appears substantial. In rare instances, a rescue course may be considered prior to 24 weeks’ gestation.

**Contraindications:** Rescue steroids are not recommended in the setting of clinical chorioamnionitis, active TB, or in HIV positive patients. Documented lung maturity and chronic steroids for maternal conditions preclude rescue steroids. While twin gestations are considered candidates for rescue corticosteroids, triplets and higher order multiples have not been studied and rescue steroids are not recommended in this group.

**Technique:** Administer Betamethasone 12 mg IM q 24 hrs x 2 doses at least 7 days after initial course. The alternative course is Dexamethasone, 6 mg IM q 12 hrs x 4 doses.

**Special Considerations:**

Whether to administer a rescue course of corticosteroids with PROM is controversial, and there is insufficient evidence to make a recommendation for or against this practice. A rescue steroid course is not appropriate in the late preterm period 34 0/7-36 6/7 weeks or in any clinical circumstance where chorioamnionitis is suspected.

**References**

ACOG Practice Bulletin 159, January 2016

ACOG Committee Opinion No. 713, Nov 2017. Antenatal corticosteroid therapy for fetal maturation.

ACOG Practice Advisory, September 2021. The Use of Antenatal Corticosteroids at 22 Weeks of Gestation.

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