**CORTICOSTEROIDS**

**Corticosteroids: Preterm Premature Rupture of the Membranes (PPROM)**

**SUMMARY:** A single course of corticosteroids is recommended for pregnant people between 24 0/7 weeks and 36 6/7 weeks of gestation, and may be considered as early as 22 0/7 weeks of gestation who are at risk of preterm delivery, including those with PPROM.

**Rationale:** The use of antenatal corticosteroid administration after preterm PROM has been evaluated in a number of clinical trials and has been shown to reduce neonatal mortality, respiratory distress syndrome, intraventricular hemorrhage, and necrotizing enterocolitis. Current data suggest that antenatal corticosteroids are not associated with increased risks of maternal or neonatal infection regardless of gestational age. A Cochrane meta-analysis reinforces the beneficial effect of this therapy regardless of membrane status and concludes that a single course of antenatal corticosteroids should be considered routine for all preterm deliveries including those complicated by PPROM.

**Eligible patients:**

Administer steroids (preferably betamethasone) at 24-34 weeks and strongly consider steroids for those at 23 0/7 weeks if the risk for delivery within the next 7 days appears substantial.

For very high risk patients, in consultation with Neonatology and Maternal Fetal Medicine, initiation of steroids at 22 0/7 weeks may be considered if neonatal resuscitation is planned. In general, these situations will involve hospitalized patients. Some families may decline steroids and resuscitative efforts after counseling.

Late preterm administration between 34 0/7 weeks of gestation and 36 6/7 weeks of gestation has also been shown to reduce respiratory morbidity in newborns: thus, a single course of corticosteroids is recommended for pregnant people between 34 0/7 weeks of gestation and 36 6/7 weeks of gestation at risk for preterm birth within 7 days who have not received a previous course with the caveat that delivery is planned no less than 24 hours and no more than 7 days later. Those diagnosed with clinical chorioamnionitis between 34 and 36 6/7 weeks should not receive corticosteroids and delivery should not be delayed.

**Contraindications:** Rare. Allergy to steroids.

**Technique:** Administer Betamethasone 12 mg IM q 24 hrs x 2 doses. This is considered one course of steroids. 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 PPROM is controversial, and there is insufficient evidence to make a recommendation for or against this practice. If a rescue course is considered, the pregnancy should be less than 34 0/7 weeks of gestation, remain at risk for preterm delivery within 7 days, and more than 14 days past the initial steroid course. Delivery should never be delayed to achieve a rescue course of steroids.

References:

ACOG Practice Bulletin 159, Jan 2016

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

ACOG Practice Bulletin 217, March 2020. Prelabor Rupture of Membranes.

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