**CORTICOSTEROIDS**

**Corticosteroids to Promote Fetal Lung Maturity at Periviability**

**SUMMARY: Initiate steroids for fetal lung maturity as early as *22+0 in* very high risk situations.**

**Rationale:** After review of available data, including outcomes data from the Cochrane (Crowther, 2015) and Vermont Oxford databases, as well as data used to create the NIH prematurity morbidity and mortality “formula”, it is apparent that extremely premature babies do better with steroids on board even if the choice is for nonaggressive OB management prior to that point. Retrospective observational data which demonstrate improved survival in infants delivered between 22+0 and 22+6 weeks after corticosteroids exposure for fetal lung maturity; however, the absolute rate of survival without major morbidities still remains very low (1-4%). Antenatal corticosteroids may be considered as early as 22 0/7 weeks of gestation if neonatal resuscitation is planned however, some families may decline steroids and resuscitative efforts after counseling.

**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, steroids may be initiated as early as ***22 0/7*** weeks’ gestation. In general, these situations will involve hospitalized patients.

**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:** Accurate pregnancy dating is more important than ever and should be reviewed with the patient at the time of presentation for care.

**References:**

ACOG Practice Bulletin 159, Jan 2016

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

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