Antenatal steroids

This leaflet explains the use of antenatal steroids in pregnancy, where it has been deemed necessary. It outlines what complications may occur, how your pregnancy will be monitored because of the increased risks and who is available to help and advise you during your pregnancy. If you have any questions or concerns, please speak to your midwife or doctor.

On average, about one baby in every hundred will be born before the 34th week of pregnancy. These babies are at risk of breathing (respiratory) problems around the time of birth, and can continue to have more chest infections / breathing problems in early childhood.

Some women can be identified as being more likely to have their baby early; these include those with twins, fibroids, early onset pre-eclampsia, repeated bleeding in pregnancy (recurrent antepartum haemorrhage) and those who have previously gone into spontaneous premature labour (giving birth) before 34 weeks.

All obstetric consultants in the Royal Berkshire Hospital recommend that women who fall into these groups consider taking a single, one-day course of steroid tablets to help reduce the risk of breathing problems in their babies if they are born early. You will take six small tablets (12mgs) of Dexamethasone in the morning and another six small tablets (12mgs) 12 hours later. We recommend that they are taken around 24-26 weeks, or at any later stage if a risk of premature birth is identified, and also if you are having an elective (planned) Caesarean birth earlier than 38 weeks exactly.

Steroids are also prescribed to women who may arrive with threatened or established premature labour. In such cases, they may be given by injection.

There is evidence stretching back over 25 years that this simple intervention markedly reduces the risk of ‘respiratory distress syndrome’ (RDS) in premature babies, and reduces the duration of mechanical ventilation (use of a machine to help the baby to breathe) in babies whose mothers took steroids when compared to babies of the same age whose mothers did not. There is no evidence that steroids cause any long-term health problems in either baby or mother.

Commonly reported side-effects after taking steroids are:

- Flushing of the mother’s face and chest.
- Some glucose appearing in the mother’s urine for a day or two.
Maternity information

- Some difficulty in getting off to sleep at night for one or two days.
- Some reduction in the baby’s movements for about 24 hours.

None of these are an allergic or adverse reaction to the medication, and should not be a reason for stopping treatment.

Further information
Royal College of Obstetricians and Gynaecologists http://www.rcog.org.uk/files/rcog-corp/GTG%207.pdf

This document can be made available in other languages and formats upon request.

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Written: Jane Siddall, Consultant in Feto-Maternal Medicine, August 2003
Approved: Maternity Information Group & Patient Information Manager, January 2017
Review due: January 2019