Antenatal steroids

Royal Berkshire NHS Foundation Trust

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.

Background

On average, about one baby in every 100 will be born before the third week of pregnancy. These babies are at risk of breathing (respiratory) problems around the time of birth known as 'respiratory distress syndrome' (RDS), and can continue to have chest infections / breathing problems in early childhood.

There is evidence stretching back over 25 years that this simple intervention markedly reduces the risk of RDS in premature babies, and reduces the use of mechanical ventilation 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. Steroids also have other benefits to preterm babies including reducing the chance of infections or bleeding into the brain or dying as a result of being born very prematurely.

Steroids are not given routinely but on an individual case-by-case basis if there is reason to believe birth may happen early (before 34+6 weeks), e.g. to women who arrive with threatened or established premature labour, Some women can be identified as being more likely to have their baby early; including 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+6 weeks. In this case, steroids will be recommended to help your baby if you are less than 34+6 weeks pregnant. Steroids may be recommended for reasons other than prematurity including diabetes.

Between 35 and 37 weeks, steroids may reduce the risk of RDS but recent evidence shows babies given steroids at this gestation are more likely to experience low blood sugars after delivery, which will require close monitoring and ensuring your baby is feeding regularly. There is also a suggestion that there can be long-term neuro developmental problems later in life, including behavioural problems. If you are between 35 to 37 weeks, you will have the opportunity to talk to your obstetrician to have an individual case-by-case discussion about the potential risks and whether or not you would like to have the steroid injections if they are recommended.

After 37 weeks, recent evidence shows that there is no benefit in reducing RDS and there is again a suggestion of long-term neuro developmental problems later in life, including behavioural problems. Steroids will not usually be recommended beyond 37 weeks unless there is a good reason, which you will be able to discuss with your obstetrician.

Babies of mothers with diabetes are more likely to develop RDS. Steroids are usually recommended if a Caesarean is planned before 37 weeks of pregnancy. The diabetes team will offer advice if needed as many women will find their sugars become worse. All babies of mothers with diabetes will have their blood sugar monitored after birth.

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.
- 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.

If you are diabetic (including pre-existing diabetes or diabetes in pregnancy), you may find that your blood sugar levels increase following steroid injections, and you may need to be admitted for closer monitoring or potential treatment to control the sugar levels.

Further information

NICE (NG25) Preterm labour & birth www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg7/

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Please ask if you need this information in another language or format.

Consultant Obstetrician, August 2003
Reviewed: February 2023 (live change)
Next review due: February 2024