

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 100 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 chest infections / breathing problems in early childhood.

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 weeks.

Steroids, taken either as a single one-day course of tablets or by injection, help reduce the risk of breathing problems in babies if they are born early. They are not given routinely but on an individual case-by-case basis if there is reason to believe birth may happen (or is recommended) before 34 weeks, eg to women who arrive with threatened or established premature labour. Steroids should also be taken if you are having an elective (planned) birth earlier than 39 weeks exactly.

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 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. 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.
- 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

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

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

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Revised: Jun 2006, Jun 2007, Jun 2008, Jun 2009, Jun 2010, Mar 2011, Dec 2012, Dec 2014, Dec 2016, Oct 2018 (B Chohan)
Approved: Mat Info Group & Patient Info Manager, Dec 2018. Review due: Dec 2020