

Information for you

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Corticosteroids in pregnancy to reduce complications from being born prematurely

Who is this information for?

This information is for you if you are pregnant and have been recommended to have a course of corticosteroids because there is a possibility that you may have your baby early. It may also be helpful if you are the partner, relative or friend of someone in this situation or if you are interested in knowing about corticosteroids in pregnancy.

What are corticosteroids?

Corticosteroids are a type of medication given to you to help your baby if there is a possibility that you may have your baby early. Corticosteroids are given by an injection into the muscle usually of your thigh or upper arm. A single course can consist of two to four injections usually over a 24–48-hour period.

Why are corticosteroids helpful?

Corticosteroids have been used for many years in women who are thought to have a high chance of having their baby early. Premature babies (born before 37 weeks) have an increased risk of health problems, particularly with breathing, feeding and infection. These problems tend to be more severe the earlier the baby is born.

A single course of corticosteroids has been shown to help with a baby's development and therefore will increase the chance of your baby surviving, once born. It also lessens the chance of your baby having serious complications after birth such as breathing problems owing to the lungs not being fully developed, bleeding into the brain, serious infection or bowel inflammation.



Can corticosteroids harm me or my baby?

A single course of two to four injections is considered to be safe for you and your baby. More evidence is needed to say whether two or more courses of corticosteroids during pregnancy are safe for your baby.

At what stage of pregnancy should corticosteroids be given?

Corticosteroids help most if they are given to you between 24 weeks and 34 weeks plus 6 days of pregnancy. If you are having a planned caesarean section between 35 and 38 weeks plus 6 days, corticosteroids are usually recommended. Corticosteroids may be given earlier than 24 weeks, but the evidence that they will be helpful for your baby in that situation is less clear; a senior doctor will discuss this with you.

How long are they effective for?

Corticosteroids are of most help if the last dose is given to you between 24 hours and 1 week before you have your baby. There may still be benefit even if your baby is born within 24 hours of the first dose.

Who should be given corticosteroids in pregnancy?

You may be advised to have corticosteroids if there is an increased chance that your baby will be born before 35 weeks of pregnancy. This includes:

- if you are in premature labour
- if you are suspected to be in premature labour but this has not been confirmed yet
- if your waters break even if you are not having contractions
- if it may benefit your baby to be delivered early, for example if your baby is not growing
- if it may benefit you to have your baby early, for example if you are seriously unwell, are bleeding heavily or have severe pre-eclampsia (see RCOG Patient Information: [Pre-eclampsia: what you need to know](http://www.rcog.org.uk/womens-health/clinical-guidance/pre-eclampsia-what-you-need-to-know) at www.rcog.org.uk/womens-health/clinical-guidance/pre-eclampsia-what-you-need-to-know).

If you are having a planned caesarean section before 39 weeks of pregnancy, corticosteroids are recommended to lessen the chance of breathing problems for your baby.

If you have diabetes or gestational diabetes, you may need to be in hospital since corticosteroids increase the blood sugar level.

When are corticosteroids not necessary?

Giving treatment just in case an event occurs is known as prophylactic treatment. If you have previously had a baby born early, have a multiple pregnancy or have had treatment to your cervix (entrance to the womb), prophylactic treatment with corticosteroids early in pregnancy is not recommended because there is no evidence that it will help your baby.

Are there any circumstances where I wouldn't be able to have corticosteroids?

Corticosteroids can suppress the mother's immune system, but there is no evidence that a single course of corticosteroids will cause harm even if you have a severe infection. If you or your baby are unwell, corticosteroids will usually be started but delivery of your baby will not be delayed to allow you to complete the course.

Can I have more than one course of corticosteroids in this pregnancy?

If you have had one course of corticosteroids, you are unlikely to be recommended further courses later in the same pregnancy.

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline *Antenatal corticosteroids to reduce neonatal morbidity* (October 2010). The guideline contains a full list of the sources of evidence we have used. You can find it online at: <http://www.rcog.org.uk/womens-health/clinical-guidance/antenatal-corticosteroids-prevent-respiratory-distress-syndrome-gree>.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

This information has been reviewed before publication by women attending clinics in Camberley, Liverpool and Great Yarmouth.

A glossary of all medical terms is available on the RCOG website at <http://www.rcog.org.uk/womens-health/patient-information/medical-terms-explained>.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.