CORTICOSTEROIDS

Corticosteroids: Preterm Premature Rupture of the Membranes (PPROM)

SUMMARY: A single course of corticosteroids is recommended for pregnant women between 24 0/7 weeks and 34 0/7 weeks of gestation, and may be considered for pregnant women as early as 23 0/7 weeks of gestation who are at risk of preterm delivery, including those with PPROM.

Rationale: The use of antenatal corticosteroid administration after preterm PROM has been evaluated in a number of clinical trials and has been shown to reduce neonatal mortality, respiratory distress syndrome, intraventricular hemorrhage, and necrotizing enterocolitis. Current data suggest that antenatal corticosteroids are not associated with increased risks of maternal or neonatal infection regardless of gestational age. A Cochrane meta-analysis reinforces the beneficial effect of this therapy regardless of membrane status and concludes that a single course of antenatal corticosteroids should be considered routine for all preterm deliveries including those complicated by PPROM.

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, initiation of steroids at 22 5/7 weeks may be advised. In this way, the maximum benefit of the steroids is accrued by 23 0/7 weeks. 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:

Whether to administer a rescue course of corticosteroids with PPROM is controversial, and there is insufficient evidence to make a recommendation for or against this practice.


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