

# Antenatal Steroids in pregnancy

## Patient Information Leaflet

*This information is for you if you are pregnant and have been advised by your doctor or midwife to have steroid injections because there is a possibility that you may have your baby early. It is also useful if you are having a planned caesarean before 39 weeks.*

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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 known as 'respiratory distress syndrome' (RDS), and can continue to have chest infections / breathing problems in early childhood.

There is over 25 years of evidence showing that steroid injections significantly reduce the risk of respiratory distress syndrome (RDS) in premature babies, when their mothers receive this treatment compared to those whose mothers do not.

## What are steroids?

Steroids, or corticosteroids, are a type of medicine to help prevent complications to your baby if there is a possibility that you may have your baby early. Steroids are given by an injection into the muscle usually of your thigh or upper arm. A single course consists of two injections usually over a 24–48-hour period.

## Why are steroids advised if my baby is coming early?

Steroids 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 steroids has been shown to help with a baby's development and will therefore increase the chance of your baby surviving, once born. It also reduces the risk 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 steroids harm me or my baby?

A single course of two injections is considered to be safe for you and your baby. Steroids can cause some side effects such as flushing of the mother's face, glucose appearing in the mother's urine for a day or two, difficulty in sleeping for one or two days and reduced foetal movements for 24 hours. If you have diabetes or gestational diabetes, and you need to be given steroids, you may need to be in hospital to manage your blood sugars as steroids can increase the blood sugar levels.

There is evidence that babies exposed to steroids in the womb can have a lower birthweight and are more prone to low sugars after birth. Some long-term studies suggest steroids may affect brain development and behaviour but more research is needed.

## At what stage of pregnancy should steroids be given?

Steroids are most effective in preventing complications when delivery happens within seven days of administration and usually advised to be 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, steroids can sometimes be recommended but their benefit maybe less when given closer to term.

Steroids may also be given earlier than 24 weeks, but again the evidence that they will be helpful for your baby in that situation is less clear; a doctor can discuss this with you.

## How long are they effective for?

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



## Who should be given steroids in pregnancy?

You may be advised to have steroids 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; or suspected to be in premature labour
- if your waters break early 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
- if you are having a planned caesarean section before 39 weeks of pregnancy, steroids may be sometimes recommended to lessen the chance of breathing problems for your baby

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

Corticosteroids can suppress the mother's immune system, but a single course of steroids is likely to be beneficial for baby even if you have a severe infection. If you or your baby are unwell, steroids 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 go into preterm labour and the first course of steroids was many weeks ago, an additional single dose of steroids may be beneficial. However, you should not receive multiple courses of steroids in pregnancy due to the cumulative effect of the steroids on baby's growth. Whatever is decided will be a personalised plan for you, decided after a detailed conversation between you and your doctor and/or midwife.

**If you have any questions please ask the midwife and doctor caring for you.**

