



# Antenatal Corticosteroids in the Late Preterm Period

This information is to help patients and medical teams weigh up the risks and benefits of steroid treatment between 34+0 and 36+6 of pregnancy

## Why is this important?

A baby being born under 37 weeks is premature (early). If this is the case, many babies cope, but your baby will have a higher chance of having difficulty with breathing, along with temperature control, feeding and keeping their blood sugars stable compared to if they were born after 37 weeks.

If we think a baby may be born between 24 and 33+6 weeks, we recommend antenatal corticosteroids to you. We know that it makes a difference and helps to reduce the chance of your baby needing help with their breathing, along with improving the overall outcomes for your baby, including in the long-term.

The benefits are less strong as the pregnancy advances, and so we need to weigh this against any risks.

There is no clear answer as to what to recommend, and so this leaflet is to help you make an informed decision.

## What does having corticosteroids involve?

It involves having two intra-muscular injections, 24 hours apart. This is one course. The benefit is maximal 24 hours after completing the course and for the next 7 days. After this, the benefit is likely lost.

#### What are the benefits?

Less babies needing breathing support

It is likely to reduce the chance of your baby needing support with their breathing on the special care baby unit within the first 3 days of life. This can include needing extra oxygen, face mask breathing support or being ventilated (having a breathing tube).

Babies needing breathing support - out of 100

11.6 Steroids given

Steroids not given

If steroids are given, **11.6 out of 100** babies require breathing support.

If steroids are not given, **14.6 out of 100** babies require breathing support.

This means that **3 less babies out of 100** babies will require breathing support.

The benefit may be most for those having a planned caesarean delivery.

#### What are the risks?

#### More babies having low blood sugars

It is likely to increase the chance of your baby having low blood sugars shortly after birth. This may increase the chance of needing formula milk adding in and require extra short term monitoring in hospital. Usually, your baby will remain with you for treatment. The long-term effects are uncertain, some studies suggest it may impact on later learning. Further studies are needed to look into this.

#### Babies having low blood sugars after birth - out of 100



- If steroids are given, **24 out of 100** babies have low blood sugars.
- If steroids are not given, **15 out of 100** babies have low blood sugars.
- This means that an extra **9 out of 100** babies will have low blood sugars.

# • If born at 37 weeks or more, it may increase the chance of developmental delay, psychological problems and behavioural problems.

- This is based on one large observational study only.
- More large scale studies are required on the long-term effects of corticosteroids.
- No long-term harms are currently proven.

Developmental delay is when a child takes longer to reach certain milestones than other children their own age. This may include learning to walk or talk, movement skills, learning new things and interacting with others.

Psychological disorders involve significant disturbances in thinking, emotional regulation, or behaviour.

Behavioural disorders involve behaviours in children that last for at least 6 months that may cause disruption or problems in school, at home and in social situations. Nearly everyone shows some of these behaviours at times, but behavioural disorders are more serious.

# Making a decision

You often have a little time to consider this information, talk to those close to you and make a decision. You may keep this leaflet to guide you through the pros and cons.

If you have further questions, do not hesitate to ask the team looking after you.

There may be on-going research in your unit which you can take part in to help answer these questions for future patients.

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#### References

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