Patient information leaflet

Steroids prior to planned caesarean section

Planned caesarean birth is normally carried out from 39 weeks onwards, as this reduces the risk of the baby having breathing problems. There may be a reason that it is necessary for you to have your caesarean birth earlier than this.

If you are having a planned caesarean birth between 37+0 and 38+6 weeks of pregnancy, your obstetrician will have a discussion with you about the potential risks and benefits of a course of antenatal corticosteroids. The information given in this leaflet aims to help you understand your options for treatment.

Corticosteroids are given by an injection, usually into the muscle of your thigh. A course of steroids consists of two injections, 24 hours apart. The optimum timing for the second dose is between 24 hours and 1 week prior to your caesarean section.

Giving you steroids may reduce admission to the neonatal unit (NNU) for breathing problems for the baby, however it is uncertain if there is any reduction in RDS (respiratory distress syndrome), TTN (transient tachypnea of the newborn) or NNU admission overall. Steroids may result in harm to the baby, including hypoglycaemia (low blood glucose levels) and potential developmental delay / reduced educational attainment at school.

The attached table describes in more detail the risks and benefits to your baby if you decide to be given antenatal corticosteroids. Your healthcare team can talk this through with you; they are here to support you in making decisions that are right for you, and will help by discussing your situation with you and answering your questions.

Reference:

RCOG Green top Guideline No. 74: Antenatal corticosteroids to reduce neonatal morbidity and mortality; 16 February 2022

Risks and benefits of steroids before planned caesarean birth at term 37–38^{+6} weeks -

To discuss with the woman and her family

May decrease: admission to NNU with respiratory morbidity (reduction from 51 per 1000 to 23 per 1000 RR 0.45 [0.22 to 0.90]).[13] ***NNT 35.7 (95% CI 25.1–196.1)***	**May** reduce educational attainment at school age (increase in the proportion of children ranked by teachers as being in lower quartile of academic ability from 9 to 18%; and reduction in proportion of children obtaining English proficiency from 13 to 7%).[18]	There is uncertainty as to whether there is any reduction in RDS, TTN or NNU admission overall. Risk of bias in the single centre study means there is low certainty around estimates. Short term complications such as hypoglycaemia have not been rigorously studied, but are likely to also apply at these gestational ages[16] as well as at late preterm gestations. Benefits seem unlikely if birth is more than 7 days after starting treatment, but this has not been studied in women at this gestation. While no long term harms have been proven, large scale observational studies necessary for pharmacovigilance are lacking

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