

ANTENATAL CORTICOSTEROIDS FOR THREATENED PRETERM BIRTH

STEP 1 Determine if the woman has a condition that might lead to preterm birth	STEP 1A Does she report:	STEP 1B (If “Yes” to any of Step 1A, proceed to corresponding Step 1B) Assess if she has:	
	Fluid leaking from the vagina? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preterm prelabor ROM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirm ROM with sterile speculum. Administration of antibiotics per protocol.
	Painful contractions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preterm labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirm cervical effacement and dilation. Tocolytic therapy per protocol.
	Vaginal bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Abruptio placentae or placenta previa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distinguish between normal blood loss, abruptio placentae and placenta previa. Treat according to protocols.
	Signs of severe pre-eclampsia or eclampsia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Severe pre-eclampsia or eclampsia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirm severe pre-eclampsia or eclampsia. Administer magnesium sulfate and antihypertensive treatment per protocols.
STEP 2 If “Yes” to any of Step 1B, determine if the woman’s gestational age is between 24 and 37 weeks			<input type="checkbox"/> Yes <input type="checkbox"/> No
STEP 3 If “Yes” to Step 2, IMMEDIATELY give the woman dexamethasone 6 mg IM and repeat every 12 hours for total of 4 doses.* Even if there is not sufficient time before delivery for a full course of dexamethasone, give the first dosage immediately. Give as many additional doses as time allows. Even less than a full course of the medication will benefit the baby. Antenatal corticosteroids should not be used in the presence of frank or systemic infection. *If dexamethasone is not available, give the woman betamethasone 12 mg IM and repeat after 24 hours for total of 2 doses.			

Continue to monitor or refer to site with capacity to deal with premature infant, i.e., continuous monitoring, respiratory assistance if needed, methods of feeding if breastfeeding is not possible, thermal protection, specially trained staff.