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Prophylactic corticosteroids for preterm birth (Review)

Crowley P

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Prophylactic corticosteroids for preterm birth.
Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD000065.
DOI: 10.1002/14651858.CD000065.pub2.

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[Intervention Review]

Prophylactic corticosteroids for preterm birth

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REASON FOR WITHDRAWAL FROM PUBLICATION

May 2006
The 'Prophylactic corticosteroids for preterm birth' review has been withdrawn from Issue 3, 2006 of The Cochrane Library because it has been updated by a new review entitled 'Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth'.

The editorial group responsible for this previously published document have withdrawn it from publication.

FEEDBACK

Nachum, September 2002

Summary

Is there enough data to indicate the efficacy of antenatal steroids in twins?

Reply

A response from the reviewer will be published as soon as it is available.

Contributors

Summary of comment received from Zohar Nachum, September 2002.

Preston, August 2002

Summary

It is unclear whether quasi randomised trials should be included. The abstract states they are included, types of studies says they are excluded, and a quasi randomised study has been included (Morales 1986).

Also some data appear to be missing from the meta-analysis. Silver 1995 does not contribute any information to the outcome neonatal death, yet the data is reported in the abstract you reference (7/54 deaths on dexamethasone, 8/42 deaths on placebo).

Reply

A response from the reviewer will be published as soon as it is available.

Contributors

Summary of comments received from Carol Preston, August 2002.

Liabsuetrakul, September 2003

Summary

The results, and reviewers conclusions, are that administering corticosteroids (24 mg betamethasone, or 24 mg dexamethasone) to women who are expected to give birth at 28-34 weeks gestation reduces neonatal morbidity and mortality. However, there is no clarification of how this should be prescribed. Standard regimens are for 48 hours treatment, using either 12 mg betamethasone IM every 24 hours, or 6 mg dexamethsone IM every 12 hours. But data in this review show the maximum benefit for corticosteroids is after 24 hours of treatment.

I have some questions about how to maximise the benefit in clinical practice:

1) For a woman in preterm labor who is being given tocolytic treatment to facilitate steroid administration, how long should tocolytics be continued, 24 hours or 48 hours?

2) Would the benefit of steroids be the same for a modified regimen over 24 hours, for example 8 mg dexamethasone IM every 8 hours for 3 doses, or 12 mg dexamethasone IM every 12 hours? Will this affect adrenal suppression and fetal growth like repeated doses?

3) Do we need a review comparing the benefits and adverse events between different regimens of prophylactic corticosteriods?

Reply

All evidence in relation to safety and efficacy relates to the doses and regimens described in the review.
[Response from Patricia Crowley, October 2003]

Contributors

Summary of comments from Tippawan Liabsuetrakul, September 2003.

WHAT'S NEW

Date	Event	Description
21 August 2008	Amended	Converted to new review format.

HISTORY

Protocol first published: Issue 1, 1996
Review first published: Issue 1, 1996

Date	Event	Description
24 May 2006	Amended	Review withdrawn from publication in *The Cochrane Library* 2006, Issue 3.

SOURCES OF SUPPORT

Internal sources

- No sources of support supplied

External sources

- Trinity College Dublin, Ireland.