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Effect of Corticosteroids for Fetal Maturation on Perinatal Outcomes

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EFFECT OF CORTICOSTEROIDS FOR FETAL MATURATION ON PERINATAL OUTCOMES

Preterm delivery is a major cause of infant mortality and morbidity. Approximately 500,000 premature infants are born each year in the United States, many of whom require treatment in newborn intensive care units for complications of their prematurity. The survival and health status of premature infants is directly proportional to their maturity and weight at birth. Preterm infants account for 74 per cent of neonatal deaths; those born before 28 weeks of gestation, instead of the normal 40 weeks, account for 50 per cent of neonatal deaths.

Corticosteroid treatment of pregnant women delivering prematurely was first introduced in 1972 to enhance fetal lung maturity. A recent meta-analysis* concluded that antenatal corticosteroid administration prior to anticipated preterm delivery is associated with substantial reduction in the incidence of early neonatal death, as well as in respiratory distress syndrome, intraventricular hemorrhage, and necrotizing enterocolitis.

Despite evidence of beneficial effects from both experimental models and randomized controlled trials in humans, few women delivered prematurely receive antenatal steroid treatment. In reports from approximately 500 perinatal centers, only 12 to 18 per cent of women who deliver preterm infants 501-1500 grams are treated with antenatal steroids. Many patients are not treated because of concerns about the efficacy of corticosteroid in subpopulations and the potential complications of treatment. There are also questions about the need for corticosteroid therapy since the advent of artificial surfactant therapy.

This bibliography was prepared in support of the National Institutes of Health Consensus Development Conference on the Effect of Corticosteroid for Fetal Maturation on Perinatal Outcomes held February 28-March 2, 1994 in Bethesda, Maryland. Because the literature on antenatal steroids is large, the bibliography is necessarily selective. It emphasizes journal articles in the English language published between 1985 and the present, selected earlier literature, and conference papers published from 1992 through 1993. Preference was given to articles dealing with human subjects, although relevant articles describing prenatal animal models are also included. Selected general articles on outcome of premature infants, surfactant treatment, physiologic hormone levels, and the economics of care were included as background. The bibliography is arranged in five subject categories with subheadings; citations may be listed in more than one category.

*Crowley P, Chalmers I, Keirse MJ. The effects of corticosteroid administration before preterm delivery: an overview of the evidence from controlled trials. *Br J Obstet Gynaecol* 1990 Jan;97(1):11-25.

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EXP GLUCOCORTICOIDS, SYNTHETIC OR PULMONARY SURFACTANTS
SS 2 = 1 AND INFANT, NEWBORN OR 1 AND INFANT, PREMATURE OR
1 AND ANIMALS, NEWBORN
SS 3 = 1 AND EXP A16 OR 1 AND EMBRYOLOGY (SH)
SS 4 = EXP INFANT, LOW BIRTH WEIGHT OR EXP INFANT, PREMATURE, DISEASES OR
PRENATAL EXPOSURE DELAYED EFFECTS
SS 5 = EXP FETAL DEVELOPMENT OR EXP FETAL DISEASES OR
EXP FETAL DEATH OR EXP FETAL HEART
SS 6 = EXP PREGNANCY OR EXP PREGNANCY COMPLICATIONS OR PRENATAL CARE
SS 7 = 4 OR 5 OR 6
SS 8 = 1 AND 7 OR 2 OR 3
SS 9 = (TF) ALL GLUCOCORTICOID: OR ALL CORTICOSTEROID: OR
ALL BETAMETHASONE: OR ALL DEXAMETHASONE: OR
ALL HYDROCORTISONE: OR ADRENAL AND CORTEX AND ALL HORMONE#
SS10 = (TF) ALL PRETERM: OR ALL ANTENAT: OR ALL PERINAT: OR
ALL PRENAT:
SS11 = 9 AND 10
SS12 = 8 AND NOT ALL TRANSPLANT: (MHF)
SS13 = 11 OR 12

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SAMPLE CITATIONS

Citations in this bibliographic series are formatted according to the rules established for *Index Medicus*®*. Sample journal and monograph citations appear below. For journal articles written in a foreign language, the English translation of the title is placed in brackets; for monographs, the title is given in the original language. In both cases the language of publication is shown by a three letter abbreviation appearing at the end of the citation.

Journal Article:

<i>Authors</i>	<i>Article Title</i>
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Anlar Y, Annar B. The effect of dexamethasone on neutrophil adherence in umbilical cord blood.
Early Hum Dev 1987 Sep;15(5):265-8.

<i>Abbreviated Journal Title</i>	<i>Date</i>	<i>Volume</i>	<i>Issue</i>	<i>Pages</i>
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Monograph Chapter:

<i>Author of Chapter</i>	<i>Title of Chapter</i>	<i>Editor(s) of Book</i>
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Crowley P. Promoting pulmonary maturity. Chalmers I, Enkin M, Keirse MJ, editors.
Effective care in pregnancy and childbirth. New York: Oxford Univ. Press; 1989. p.746-6.

<i>Title of Book</i>	<i>Place of Publication</i>	<i>Publisher</i>	<i>Date</i>	<i>Pages</i>
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*For details of the formats used for references, see the following publication:

Patrias, Karen. *National Library of Medicine recommended formats for bibliographic citation*. Bethesda (MD): The Library; 1991 Apr. Available from: NTIS, Springfield, VA; PB91-182030.

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NEWBORN

Cardiovascular Effects

Arduini D, Rizzo G, Parlati E, Giorlandino C, Valensise H, Dell'Acqua S, Romanini C. Modifications of ultradian and circadian rhythms of fetal heart rate after fetal-maternal adrenal gland suppression: a double blind study. *Prenat Diagn* 1986 Nov-Dec;6(6):409-17.

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