

Antenatal corticosteroids cut mortality for early preemies

16 March 2016



mortality to discharge (crude adjusted odds ratio, 0.45; adjusted odds ratio, 0.48). No significant between-group differences were seen for severe morbidity.

"The available data, all observational, show reduced odds of mortality to [discharge](#) in neonates born before 24 weeks of gestation who received antenatal corticosteroids and active intensive treatment," the authors write. "Antenatal corticosteroids should be considered for women at risk of imminent birth before 24 weeks of gestation who choose active postnatal resuscitation."

More information: [Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—For neonates born before 24 weeks of gestation, receipt of antenatal corticosteroids and active intensive treatment is associated with reduced odds of mortality to discharge, according to a review published in the April issue of *Obstetrics & Gynecology*.

Christina K. Park, from McMaster University in Hamilton, Canada, and colleagues conducted a systematic literature review to compare outcomes for [neonates](#) who received or did not receive [antenatal corticosteroids](#) born before 24 weeks of gestation. Data were included from 17 observational studies.

The researchers found that 3,626 neonates had the primary outcome of [mortality](#) to discharge in those receiving active intensive treatment. Mortality to discharge occurred in 58.1 percent of the intervention group versus 71.8 percent in the control group, with evidence rated as moderate quality. Compared with the control group, the antenatal corticosteroid group had reduced odds of

APA citation: Antenatal corticosteroids cut mortality for early preemies (2016, March 16) retrieved 1 June 2022 from <https://medicalxpress.com/news/2016-03-antenatal-corticosteroids-mortality-early-preemies.html>

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