

Antenatal steroids don't cut morbidity in preterm twins

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versus 20 percent; aRR, 1.21; 95 percent CI, 0.93 to 1.56). Increased rates of neonatal intensive care unit admissions (78 versus 59 percent; aRR, 1.22; 95 percent CI, 1.09 to 1.36) and mechanical ventilation (23 versus 12 percent; aRR, 1.52; 95 percent CI, 1.12 to 2.09) were seen in association with antenatal corticosteroids. Similar results were seen for RDS and neonatal morbidity in analysis focusing on 311 newborns delivered before 34 weeks of gestation.

"In this cohort of preterm twins, antenatal corticosteroid administration was not associated with a reduced incidence of RDS and composite neonatal morbidity," the authors write.

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

(HealthDay)—Antenatal administration of corticosteroids is not associated with a reduction in the incidence of respiratory distress syndrome (RDS) in preterm twins, according to research published in the September issue of *Obstetrics & Gynecology*.

Oscar A. Viteri, M.D., from the University of Texas Health Science Center at Houston, and colleagues conducted a secondary analysis of a multicenter randomized trial for the prevention of preterm birth in multiple gestations. The authors compared neonatal outcomes for 432 women who received and did not receive antenatal [corticosteroids](#) and their 850 neonates.

The researchers found that 35 percent of neonates were born to women receiving [antenatal corticosteroids](#). Antenatal corticosteroids were not associated with reduced incidence of RDS (27 versus 17 percent; adjusted relative risk [aRR], 1.28; 95 percent confidence interval [CI], 0.97 to 1.71) or with composite neonatal morbidity (29

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