

Steroids in pregnancy

This information sheet aims to answer some commonly asked questions about steroids in pregnancy.

IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you.

Why are steroids given in pregnancy?

Steroids are a synthetic (man-made) form of natural human hormones. They are given as injections (needles) when you are at risk of having your baby early (preterm). Babies that are born early can have trouble with breathing because their lungs have not had enough time to fully develop.

Steroids help develop your baby's lungs. The steroid injection may be recommended by your doctor when you are at high risk of having your baby early.

What are the benefits of having steroids?

Steroids help babies born early in a few different ways. They decrease the chances of:

- needing help from a machine to breathe at birth (mechanical ventilation)
- breathing difficulties after birth (respiratory distress syndrome)
- bleeding in and around the brain at birth (intraventricular and/or intracranial haemorrhage)
- inflammation of the bowel (necrotising enterocolitis)

When are steroids recommended?

Steroids work best between 22 and 35 weeks of pregnancy, however steroids can be given earlier or later than this.

Sometimes there is a need for repeat doses of steroids, for example, if you need a caesarean section before your due date or you continue in early (preterm) labour. It depends on your individual circumstances. Your healthcare team will talk with you about this.

Are there any risks with having steroids?

Steroids are generally safe for pregnant women and their babies. For most babies born between 22 weeks and 35 weeks, the benefits of steroids are greater than the risks.

Some babies may have:

- a slightly lower birth weight than average
- low blood sugar levels after birth that need extra monitoring and management

Your healthcare team will discuss with you how the risks and benefits of steroids may affect you.

What if your early (preterm) labour stops?

If your early (preterm) labour stops after you have had steroids, you might be offered another course of steroids. This depends on how many weeks pregnant you are and the chances of still having your baby early.

Your healthcare team will talk with you about this.

When should you contact your health care provider?

Contact your health care provider or local hospital if you have any of the following concerns which may put you at a higher risk of having your baby early:

- you notice a change in your baby's movements
- you start having contractions
- you have pain in your abdomen
- you have bleeding from your vagina
- you have any concerns



Support & information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public. <https://www.qld.gov.au/health/contacts/advice/13health>

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. <https://www.health.gov.au/pregnancyhelpline>

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone. <https://www.lifeline.org.au>

Preterm Infant's Parent Association (PIPA) 1300 773 672 <http://www.pipa.org.au/>

Child Health Service Provides newborn drop-in services, early feeding and support, child health clinics. <https://www.childrens.health.qld.gov.au/community-health/child-health-service> for your nearest service