Thieme

Reply to: Letter to the Editor: Administration of Antenatal Corticosteroids: Optimal Timing

We sincerely thank the authors of the letter to the editor for their interest in our work. The recommendations in the guidelines of the WAPM are almost identical to those in the German guideline on the prediction, prevention, and therapy of preterm birth [1, 2, 3, 4]. However, beyond 34 + 0 weeks of gestation, we definitely see no indication for the application of ACS. According to the numbers from the ALPS trial, the NNT to prevent one patient with BPD is 1 : 200 [5]. Otherwise, these children can be very well managed with high-flow nasal cannula and surfactant, if necessary.

In the present work, we have tried to provide the reader with a decision-making corridor that allows for optimizing the timing of ACS administration under various clinical settings beyond the guidelines mentioned above. While ACS administration is always indicated in women with PPROM, severe preeclampsia, fetuses with absent enddiastolic flow in the umbilical artery, or placental bleeding, great caution is warranted in patients with asymptomatic cervical insufficiency or preterm labor and a long cervix (≥ 15 mm).

Perhaps in the future the administration of ACS even at 30 weeks of gestation will be at stake. As cohort studies show a significant effect on IVH is very unlikely when ACS is administered beyond 30 weeks of gestation. The small effect on mortality before discharge beyond 30 weeks of gestation is clinically irrelevant with an NNT of approximately 1 : 800 [6]. We agree with our colleagues Dagklis and Sen that further research work is urgently needed in this important field of perinatology for the benefit of the women and children entrusted to our care.

Conflict of Interest

The authors declare that they have no conflict of interest.

Authors

Richard Berger[1], **Patrick Stelzl**[2], **Holger Maul**[3]

Institutes

1 Klinik für Gynäkologie und Geburtshilfe, Marienhaus Klinikum St. Elisabeth, Akademisches Lehrkrankenhaus der Universitäten Mainz und Maastricht, Neuwied, Germany
2 Universitätsklinik für Gynäkologie, Geburtshilfe und gynäkologische Endokrinologie, Kepler Universitätsklinikum, Johannes Kepler Universität Linz, Linz, Austria
3 Frauenkliniken, Asklepios Kliniken Barmbek, Wandsbek und Nord-Heidberg, Hamburg, Germany

Correspondence

Prof. Dr. med. Richard Berger
Klinik für Gynäkologie und Geburtshilfe
Marienhaus Klinikum St. Elisabeth,
Akademisches Lehrkrankenhaus der
Universitäten Mainz und Maastricht
Friedrich-Ebert-Straße 59
56564 Neuwied
Germany
richard.berger@marienhaus.de

References

[1] Dagklis T, Akolekar R, Villalain C et al. Management of preterm labor: Clinical practice guideline and recommendation by the WAPM-World Association of Perinatal Medicine and the PMF-Perinatal Medicine Foundation. Eur J Obstet Gynecol Reprod Biol 2023; 291: 196–205. DOI: 10.1016/j.ejogrb.2023.10.013

[2] Dagklis T, Sen C, Tsakiridis I et al. The use of antenatal corticosteroids for fetal maturation: clinical practice guideline by the WAPM-World Association of Perinatal Medicine and the PMF-Perinatal Medicine foundation. J Perinat Med 2022; 50: 375–385. DOI: 10.1515/jpm-2022-0066

[3] Berger R, Abele H, Bahlmann F et al. Prevention and Therapy of Preterm Birth. Guideline of the DGGG, OEGGG and SGGG (S2k-Level, AWMF Registry Number 015/025, September 2022) – Part 1 with Recommendations on the Epidemiology, Etiology, Prediction, Primary and Secondary Prevention of Preterm Birth. Geburtshilfe Frauenheilkd 2023; 83: 547–568. DOI: 10.1055/a-2044-0203

[4] Berger R, Abele H, Bahlmann F et al. Prevention and Therapy of Preterm Birth. Guideline of the DGGG, OEGGG and SGGG (S2k Level, AWMF Registry Number 015/025, September 2022) – Part 2 with Recommendations on the Tertiary Prevention of Preterm Birth and on the Management of Preterm Premature Rupture of Membranes. Geburtshilfe Frauenheilkd 2023; 83: 569–601. DOI: 10.1055/a-2044-0345

[5] Gyamfi-Bannerman C, Thom EA, Blackwell SC et al. Antenatal Betamethasone for Women at Risk for Late Preterm Delivery. N Engl J Med 2016; 374: 1311–1320. DOI: 10.1056/NEJMoa1516783

[6] Travers CP, Clark RH, Spitzer AR et al. Exposure to any antenatal corticosteroids and outcomes in preterm infants by gestational age: prospective cohort study. BMJ 2017; 356: j1039. DOI: 10.1136/bmj.j1039

Publication note

Letters to the editor do not necessarily represent the opinion of the editor or publisher. The editor and publisher reserve the right to not publish letters to the editor, or to publish them abbreviated or in extract.

Bibliography

Geburtsh Frauenheilk 2024; 84: 877
DOI 10.1055/a-2342-5218
ISSN 0016-5751

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany