**Corticosteroids in pregnancy are beneficial for very premature babies, finds study**

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A study conducted in the US found that administering corticosteroids to pregnant women at risk of preterm birth significantly lowered their babies’ risk of death and illness.

Giving corticosteroid drugs to pregnant women at risk of preterm birth was found to reduce their babies’ risk of death and serious illness, with very premature babies benefitting the most, reports a study published in the British Medical Journal (BMJ).

Babies born prematurely – between 23 and 34 weeks of pregnancy – who were exposed to corticosteroids in utero were at significantly lower risk of death than babies of mothers who didn’t receive the treatment, concludes the study, carried out in the US.

A team of researchers analysed data relating to 117,941 babies born prematurely (between 23 and 34 weeks of gestation) between 2009 and 2013 in 300 neonatal intensive care units in the USA.

The researchers found that the most premature babies, born from 23 weeks, benefitted the most from exposure to corticosteroids during pregnancy. As well as improving survival rates, infants born very prematurely were also in better health, presenting less risk of complications or serious illness.

Current clinical recommendations for women at risk of giving birth prematurely – before the 34th week of pregnancy – is a 12mg injection of a corticosteroid called betamethasone, followed by a second injection 24 hours later. The drugs have been shown to boost babies’ development and increase their chance of survival once born. However, previous studies had not revealed the beneficial effects on reducing ill health for the most premature infants.

These beneficial short-term effects for preterm babies can reduce the risk and severity of complications – such as breathing problems – and major illness during the first weeks of life. As a result, the study supports the use of corticosteroids in women at risk of preterm labour.

On a global scale, one in 10 babies is born prematurely.