

Egyptian Fertility Sterility Society

The 26th Editorial

Does antenatal corticosteroid reduce the risk of neonatal respiratory distress syndrome in late preterm birth twin neonates?

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What Is Known Already?

In singleton pregnancies at risk of early preterm delivery, antenatal corticosteroid (ANC) administration decreases the risk of neonatal mortality and morbidities, such as respiratory distress syndrome (RDS).⁶ [1] Therefore, routine administration of ANC to singleton pregnant women at risk of early preterm delivery (24 to 34 weeks' gestational age) within 7 days is recommended. [1]. In contrast the efficacy of ANC administration in twin pregnancies are few and mostly performed retrospectively with conflicting findings. [2-4]

What Is New?

A recent multicenter randomized trial, twin-pregnant women at 34 weeks 0 days to 36 weeks 5 days of gestation at risk of late preterm delivery were enrolled across 8 university-based clinical centers [5]. A total of 812 participants were randomized and analyzed, with 410 receiving antenatal betamethasone in the intervention group and 402 in the placebo group. Among 1620 neonates (818 in the intervention group and 802 in the placebo group), there were no perinatal deaths in either group, and severe neonatal RDS occurred in 99 neonates (6.1%), with lower risk in

the betamethasone group than in the placebo group (39 [4.8%] vs 60 [7.5%]; relative risk [RR],0.64 [95%CI, 0.42-0.98]).

Conclusions

In this randomized control trial ANC in women with twin pregnancies at risk of late preterm delivery significantly reduced the risk of neonatal RDS. The outcomes from this study could serve as a valuable reference in counselling clinical management of twin pregnancies at risk of late preterm delivery.

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