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Antenatal steroids—Where are we?

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Early steroids studies in fifties and sixties involved animals and the effects they had upon various organs. It was not until in 1969 when GC Liggins, while studying the effects of steroids upon the initiation of labor in fetal lambs, that he noticed the steroids treated lambs not only had initiation of labor but they also had relatively more mature lungs and better survival. This further led to studies which directly showed the effect of steroids upon maturing lungs by accelerated surfactant appearance. In 1972, landmark study by GC Liggins and RN Howie showed that steroids could reduce the incidence of respiratory distress syndrome (RDS) in preterm neonates. This study led pathway to numerous studies all over the world showing effects of steroids in maturation of lungs. However, they also showed caution regarding the potential adverse effects. In 1990, systemic review by P Crowley clearly showed the beneficial effects of steroids in reduction of RDS with minimal adverse effects. Further in 1994, consensus statement by NIH gave the current recommendation and regimen for antenatal steroids for preterm deliveries. Further consolidation of the positive effects of steroids was done by meta-analysis by D Roberts in 2000 and further in 2006. However, despite clear evidence of beneficial effects, 2014 study in Lancet showed that the use of corticosteroids in lower income countries like Nepal, Afghanistan, Niger, and Congo was low. The use of antenatal steroids must be encouraged especially in lower income countries for reducing the neonatal mortality rates in these countries.

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