OMICS International
conferenceseries.com

Ozhan M Turan, J Steroids Hormon Sci 2015, 6:3
http://dx.doi.org/10.4172/2157-7536.S1.003

Global Summit on
Steroids

July 13-15, 2015 Baltimore, USA

Antenatal steroid reduces neonatal mortality and morbidity in premature infants

Ozhan M Turan
University of Maryland School of Medicine, USA

Preterm delivery is the leading cause of perinatal death. The most common cause of deaths among preterm neonates is respiratory distress syndrome (RDS). The incidence and severity of RDS show an inverse relationship with gestational age. Some of the glucocorticoid hormones are capable of crossing the placenta and trigger the maturational process that leads to the production and release of surfactant into the alveoli of the fetal lung. There is evidence to suggest that antenatal steroid use is an effective treatment method to reduce risk of RDS. In addition, the studies showed that, it is also an effective prevention tool for other complications of prematurity such as intra-ventricular hemorrhage (IVH). A recent publication showed that treatment of women at risk of preterm birth with a single course of antenatal steroids reduced the risk of neonatal death by 31%, RDS by 44% and IVH by 46%. Antenatal steroid use is also associated with a reduction in necrotising enterocolitis, respiratory support, intensive care admissions and systemic infections in the first 48 hours of life compared with no treatment or treatment with placebo. Antenatal steroid use reduces neonatal death even when infants are born less than 24 hours after the first dose has been given. Long term follow up studies proved that antenatal steroid use is also safe. A randomized controlled trial showed that children who had been exposed to repeat as compared with single courses of antenatal corticosteroids did not differ significantly in physical or neuro-cognitive measures. Long-term follow-up of survivors from randomized trials of antenatal steroid therapy through childhood to adulthood (up to 20 years of age) shows no clear adverse neurological or cognitive effects.

Biography

Ozhan M Turan has completed his medical degree at Istanbul University Medical School. He received his Maternal and Fetal Medicine subspecialty degree at University of Maryland. He is the Director of Fetal Therapy & Complex Obstetric Surgery. Prediction and prevention of preterm labor is one of his main research areas. He has published more than 50 papers in peer reviewed journals.

oturan@fpi.umaryland.edu

Notes: