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Evaluation of knowledge of steroid use and type for pregnancies at risk of preterm delivery among health workers in Zambia

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There is strong evidence supporting the use of antenatal corticosteroids in women at risk of preterm birth to promote fetal lung maturation and reduce neonatal mortality and morbidity. An estimated 9.6% of births worldwide are preterm (approximately 13 million births annually), with rates ranging from 7%-12% in high-income countries (HICs) to as high as 20% in some areas of Africa. The use of steroids in premature labour has been widely studied and evidence exists that steroids reduce respiratory distress syndrome. Hence steroids have been subjected to wide research in improving lung maturity. The administration of prenatal corticosteroids occurs routinely in HICs for women at risk of delivering preterm infants at less than 34 weeks, in order to improve maturation of the lungs and other organs. This therapy generally is a suspension of betamethasone phosphate plus betamethasone acetate or dexamethasone. Prenatal corticosteroids are inconsistently used in low and middle income countries (LMICs). Evidence highlighted in the present paper shows that, across LMICs prenatal corticosteroid coverage for at-risk women is likely to be less than 10%. Prematurity is a common cause of perinatal mortality in poor countries like Zambia. Administration of antenatal steroids to mothers at risk in preterm delivery is an obvious solution to this and steroids use for this purpose is of short duration and not dangerous. Few studies have evaluated the use of prenatal corticosteroids in LMICs. This presentation addresses three interlinked research questions:

- Why are antenatal steroids not used? Or, if it is used, why do prematurity deaths occur?
- Why is the investment in steroids if at all in Zambia not fully given to pregnancy at risk of preterm delivery?
- What is the level of knowledge regarding use of steroids in Zambia among Health Workers?

Biography

Bellington Vwalika is based in Lusaka, Zambia. As Obstetrician/Gynaecologist/Epidemiologist he holds appointments as Head of Obstetrics and Gynaecology at University Teaching Hospital in Lusaka and University of Zambia School of Medicine since 2005. He is course Module leader in Obstetrics and Gynaecology at Cavendish University, Zambia. He has designed and directs a course aimed at task shifting of obstetrics and gynaecology practice to clinical officers then called medical licentiates since 2001. He serves on Zambian National technical Working Groups on HIV/AIDS, Family Planning and Maternal Health. He has been longtime collaborator at the Zambia Emory HIV Research Project since 1999 as Study Physician and Investigator. He conducts outreach obstetric and gynaecological services to rural Zambia under the auspices of Federation of Health Institutions in Zambia. He has been designated Maternal and new born Health Champion for Africa under the Maternal and Child Health Integrated Program of USAID. He is a member of University of Zambia Biomedical Research and Ethics Committee and also chairs the Undergraduate Research and Ethics Committee. He has held office in the Zambia Medical Association, Health Professions Council of Zambia and the Zambia Association of Obstetricians and Gynaecologists. He is a reviewer for several local and international journals. He publishes extensively in peer-reviewed journals.

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