Preparation and Dosage of Dexamethasone

Preparation

Injection
Dexamethasone Sodium Phosphate is available in 4 mg per ml strength.

<table>
<thead>
<tr>
<th><strong>Table 1: Dose and Route of Administration of Injection Dexamethasone</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose</strong></td>
</tr>
<tr>
<td><strong>No. of Injections</strong></td>
</tr>
<tr>
<td><strong>Interval between injections</strong></td>
</tr>
<tr>
<td><strong>Route of administration</strong></td>
</tr>
<tr>
<td><strong>Site of administration</strong></td>
</tr>
<tr>
<td><strong>Complete course</strong></td>
</tr>
<tr>
<td><strong>Logistics</strong></td>
</tr>
<tr>
<td><strong>Storage</strong></td>
</tr>
</tbody>
</table>

The 6 mg dose would require 1.5 ml of the preparation provided each ml has 4 mg of Dexamethasone.
Table 2: Indications and Contraindications for using Corticosteroids in Antenatal Period

<table>
<thead>
<tr>
<th>Indications</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. True preterm labour</td>
<td>Frank chorioamnionitis is an absolute contraindication for using antenatal corticosteroids. Following signs and symptoms in the mother suggests Frank amnionitis:</td>
</tr>
<tr>
<td>2. Following conditions that lead to imminent delivery:</td>
<td>1. <strong>History</strong> of fever and lower abdominal pain</td>
</tr>
<tr>
<td>• Antepartum haemorrhage</td>
<td>2. <strong>On examination</strong>: Foul smelling vaginal discharge, tachycardia and uterine tenderness</td>
</tr>
<tr>
<td>• Preterm premature rupture of membrane</td>
<td>3. Fetal tachycardia</td>
</tr>
<tr>
<td>• Severe pre-eclampsia</td>
<td></td>
</tr>
</tbody>
</table>

Maternal diabetes, pre-eclampsia and hypertension are NOT contraindications for using injection corticosteroid in pregnant women. Dexamethasone can be administered if otherwise indicated with a careful watch on blood sugar and blood pressure [If chorioamnionitis is suspected, consider delivering the baby].
Flow Chart for Antenatal Corticosteroid (ANCS) Administration [24-34 Weeks Gestational Age]

Assess the gestational age of pregnant woman reporting with the complaints of labour pain. If between 24-34 weeks then

Check whether the pregnant woman is in true preterm labour using the table* given below:

If the pregnant woman is in true labour

Delivery imminent

Give one dose of Injection Dexamethasone as described in the box** and prepare for delivery and neonatal resuscitation

Delivery NOT imminent

Give one pre-referral dose of Injection Dexamethasone if the patient is to be referred, otherwise complete the course. Tocolysis (delay of uterine contractions) is to be done under medical supervision.

If the pregnant woman is not in true labour

Observe for the symptoms, discharge if the symptoms resolve with advice to report immediately if danger signs appear.

If symptoms do not resolve, treat her as in true preterm labour and follow the chart.

Before referral

1. Check vitals, BP
2. Do Hb, Blood Sugar, Urine Examination (Ex)
3. Give ANCS first dose - Refer to higher facility
4. Arrange transport
5. Referral slip

Referral refused or not possible

1. Check vitals, BP
2. Do Hb, Blood Sugar, Urine Ex.
3. Give ANCS first dose, then 3 additional doses 12 hourly
4. Arrange for delivery, resuscitation and care of preterm baby

**Dexamethasone protocol

<table>
<thead>
<tr>
<th>Dose/injection</th>
<th>Route</th>
<th>Interval</th>
<th>No. of Injections</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 mg</td>
<td>Intramuscular</td>
<td>12 hours</td>
<td>4</td>
</tr>
</tbody>
</table>

Contraindication for use of ANCS is Frank Chorioamnionitis

TRUE Labour Pain

1. Begins irregularly but becomes regular and predictable
2. Felt first in the lower back and sweeps around to the abdomen in a wave pattern
3. Continues no matter what the woman’s level of activity
4. Increases in duration, frequency and intensity with the passage of time
5. Accompanied by 'show' (blood-stained mucus discharge)
6. Associated with cervical effacement and cervical dilatation

FALSE Labour Pain

1. Begins irregularly and remains irregular
2. Felt first abdominally and remains confined to the abdomen and groin
3. Often disappears with ambulation or sleep
4. Does not increase in duration, frequency or intensity with the passage of time
5. Show absent
6. Does not associate cervical effacement and cervical dilatation

*Symptoms of True and False Labour Pain

Contraindication for use of ANCS is Frank Chorioamnionitis