

**Antenatal Corticosteroid Therapy Form  
INSTRUCTIONS**

Center Number:

Center Name:

Date:

Name and Position/Title of Person Completing Form:

Telephone Number:

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The rate of antenatal steroid administration for a given time period is defined as:

$$\frac{\text{Number of Mothers Treated}}{\text{Number of Eligible Infants Reported to CPQCC}}$$

The attached data tables address factors that influence this rate: These factors are:

1. Accuracy in counting mothers who were treated.
2. Failure to treat mothers for whom treatment was planned.
3. Physician practice regarding eligibility, particularly with respect to certain conditions. These are preterm labor with tocolysis; preeclampsia/eclampsia/HELLP syndrome; premature preterm rupture of membranes (PPROM); gestational diabetes (GDM); vaginal bleeding/abruption/previa; and advanced cervical dilation.

**Worksheet I** addresses factors 1 and 2 above. Table I will help determine whether accuracy in counting treated mothers is a concern for your hospital. It will also provide information on failure to administer ordered steroids. To complete this table, you should review charts of mothers of infants listed in your CPQCC reports as not having received steroids. Please be sure to include review of those mothers whose infants might have been transferred or died.

**Worksheet II** addresses factor 3 above. To complete this table, you should review charts of mothers of infants listed in your CPQCC reports as not having received steroids. When completed, Table II provides insight into medical conditions negatively correlated with administration of steroids. You may also use Table II to identify physicians who administer steroids less frequently.

## Worksheet I

Patient #	Infant died in delivery room (yes/no)	Infant transferred (yes/no) If yes, where?	Was there a prior admission? When? Where? Were steroids administered?	Were steroids indicated on this admission? (yes/no)	Were steroids ordered here according to charts, medication sheets, physician records? (yes/no) If yes, what is the source of this information?	Were steroids given here according to charts, medication sheets, physician records? (yes/no) If yes, what is the source of this information?	When was the initial course of steroids administered?	Was a rescue course of steroids administered? (yes/no) Was it $\geq 14$ days from initial course? (yes/no) Was it at $\leq 34$ weeks gestation? (yes/no)
1	No	Yes: home	No prior admit No steroids	Yes	No	No	N/A	N/A
2	No	Yes: CCH	?	Yes	?	No	N/A	N/A
3	No	No	Yes: 27 weeks ANS given	No	No	No	2/12/09 at other hospital	N/A
4	No	No	No	Yes	Yes: MD orders	Yes: Discharge profile	7/5/09	No
5	No	No	No	Yes	Yes: MD orders	No	N/A	N/A
6	No	No	No	Yes	Yes: History and Physical	Yes: History and Physical	7/29/09	N/A
7	No	No	No	Yes	No	No	N/A	N/A
8	No	No	No	No	No	No	N/A	N/A
9	No	No	No	Yes	Yes	Yes	8/1/09	N/A
10	Yes	No	Yes: 25 weeks ANS given	No	No	No	N/A	N/A
11	No	No	No	Yes	Yes: Transfer summary	Yes	8/8/09	N/A
12	No	No	Yes: 26 weeks ANS given	Yes (rescue course)	Yes	Yes	7/31/09	Yes; given 8/28/09 – 28 days after first dose; 30 weeks gestation
13	No	No	No		No	No	N/A	N/A

(Note: Shaded lines indicate cases with improvement potential)

## Worksheet II

Patient #	Reason for delivery	Approx. admit <sup>1</sup> to delivery interval (hours)	G.A. <sup>2</sup>	Physician <sup>3</sup>	Preterm labor with tocolysis (yes/no)	PPROM <sup>4</sup> with no evidence of chorio (yes/no)	PPROM <sup>5</sup> with no chorio or increased risk to mother (yes/no)	GDM <sup>6</sup> (yes/no)	Vaginal bleeding (yes/no)	Cervical dilation (cm) at admission	PIH (yes/no)	Other relevant conditions/ justification for lack of ANS administration
1	Unknown	0	28	Dr. A	No	No	No	No	No	N/A	No	Home birth; no prenatal
2	Unknown	0	28+2	Unknown	No	No	No	No	No	N/A	Yes	Transport; no data
3	Preterm labor	3	24	Dr. R	Yes	No	No	No	No	4	No	Comfort measures only
4	Unknown	8	30+6	Dr. S	No	No	No	Yes	No	0	No	STEROIDS GIVEN
5	Preterm labor	5	31+6	Dr. N	Yes	No	No	No	No	0	No	Ordered, not given
6	PPROM, preterm labor	5	26+3	Dr. S	No	Yes	-	No	No	?	Yes	STEROIDS GIVEN
7	Prolapsed cord; emergency C-section	12	27+4	Dr. J	Yes	No	No	No	No	?	No	Prolapsed cord
8	PPROM, preterm labor	24	27+1	Dr. R	Yes	Yes	-	No	No	0	No	N/A
9	Severe Pre-eclampsia	4	32+4	Dr. S	No	No	No	No	No	0	Yes	N/A
10	Pre-viable infant; PPROM, preterm labor	16	23+3	Dr. J	Yes	Yes (but under GA limit of 24-32 wks)	-	No	No	0	No	Infant died in del room
11	Preterm labor	48	24+6	Dr. S	Yes	No	No	No	No	0	Yes	STEROIDS GIVEN
12	Placenta previa	15	34+5	Dr. S	No	No	No	No	Yes	0	No	G.A. > 34 weeks
13	Pre-eclampsia	8	33+2	Dr. M	No	No	No	No	No	0	Yes	Detected lung maturity

(Note: Shaded lines indicate cases with improvement potential)

<sup>1</sup> Time, in hours, between admission and delivery

<sup>2</sup> Gestational age at delivery, in weeks plus days

<sup>3</sup> Attending Obstetrician

<sup>4</sup> Premature Preterm Rupture of membranes (24-34 weeks)

<sup>5</sup> Premature Preterm Rupture of Membranes (24-34 weeks)

<sup>6</sup> Gestational Diabetes