**RECOMMENDATION 1.2:**

**Antenatal corticosteroid therapy is recommended for women with a high likelihood of preterm birth, irrespective of whether single or multiple birth is anticipated.**

**REMARKS**

- This recommendation precludes the routine (or prophylactic) administration of antenatal corticosteroids to any woman with a multiple pregnancy on the basis of increased risk of preterm birth.
- The GDG acknowledged the lack of clarity on the benefits of antenatal corticosteroid therapy in the subgroup of women with a multiple pregnancy but based its judgement on the overall improvement in critical outcomes among singleton infants, in addition to the fact that the point estimates were all in favour of reduced risks of adverse critical outcomes reported in multiple pregnancy. The group considered the potential impact of any clinical benefit in this group of women (who are inherently more likely to deliver preterm) on the overall preterm newborn survival and morbidity rates, and therefore recommended the intervention.
- Given that there remains some level of uncertainty about the effectiveness of antenatal corticosteroid therapy in multiple pregnancy, the GDG highlighted the importance of including multiple birth in future studies, as well as reporting of outcomes for single and multiple births separately.
- The GDG reaffirms that all pre-conditions outlined for antenatal corticosteroid therapy in Recommendation 1.0 apply.

**RECOMMENDATION 1.3:**

**Antenatal corticosteroid therapy is recommended for women with preterm prelabour rupture of membranes and no clinical signs of infection.**

**REMARKS**

- The use of prophylactic antibiotics should be included as part of standard care for the woman once preterm prelabour rupture of the membranes is confirmed.
- The GDG noted the paucity of evidence on benefits with regards to the duration of membranes rupture, due to the lack of such information from trials included in the review. However, the group placed its emphasis on the overall balance favouring benefits over harms of using antenatal corticosteroid therapy in terms of reducing severe adverse neonatal outcomes without evidence of increased risk of infection to the mother or the baby, and with the consideration that a substantial proportion of women at risk of preterm birth would present with ruptured membranes.
- The GDG cautioned against the use of antenatal corticosteroid therapy for women with prolonged rupture of the membranes and with confirmed or suspected bacterial infection.
- The GDG reaffirms that all pre-conditions outlined for antenatal corticosteroid therapy in Recommendation 1.0 apply.