Addressing the Care Gap in Outborn Infants for Receipt of Antenatal Steroids

Sir,

I am writing to highlight a significant concern regarding the care of outborn infants in our tertiary care Neonatal Intensive Care Unit (NICU), which is the largest in Sindh with 52 NICU beds. Our NICU serves a considerable population from Karachi and the province, providing critical care to neonates from diverse and often underserved regions. Despite this extensive reach, there exists a concerning gap in the administration of antenatal steroids to outborn infants, which warrants urgent attention.

The antenatal steroids play a crucial role in enhancing lung maturity and reducing the incidence of respiratory distress syndrome, intraventricular haemorrhage, and other complications in preterm infants, leading to prolonged hospital stays and increased healthcare costs.[1]

Our data analysis reveals that among approximately 1,500 preterm neonates admitted to NICU, only a minority (<10%) have received antenatal steroids before delivery. This significant gap contributes to an increased risk of neonatal morbidity and mortality, particularly given the high prevalence of preterm births (21.8%) and associated complications among newborn infants in our region.[2,3]

The reasons behind this care gap are multifactorial and may include limited access to antenatal care, delays in transfer from referring hospitals, and inadequate awareness among healthcare providers regarding the importance of antenatal steroids in preterm birth management. Addressing these barriers requires a concerted effort involving healthcare institutions, policymakers, and professional societies.

In light of the aforementioned concerns, the following strategies can mitigate the care gap in neonates for the receipt of antenatal steroids.[4]

Educational initiatives targeting healthcare providers involved in the care of pregnant women, emphasise the importance of antenatal steroids and the appropriate indications for their use.

Development of standardised protocols for the timely identification and referral of women at risk of preterm birth, ensuring prompt initiation of antenatal steroids when indicated.

Implementation of quality improvement measures to monitor adherence to antenatal steroid administration guidelines across healthcare settings.

Collaboration between referring and receiving hospitals to streamline the transfer process and facilitate timely access to specialised care, including antenatal interventions.

Addressing these gaps in care requires a multifaceted approach, including increased awareness among obstetricians regarding the benefits of antenatal steroids and improved access to antenatal care in underserved areas. These measures will ultimately improve outcomes for neonates at risk of preterm birth and reduce the burden of neonatal morbidity and mortality.

In conclusion, the dissemination of research and clinical insights on this topic through this esteemed journal can further raise awareness and stimulate discussion within the medical community.

PATIENT'S CONSENT:
Because the participant was a newborn, verbal informed consent was obtained from the parent before the participant's file was retrospectively retracted.

COMPETING INTEREST:
The author declared no conflict of interest.

AUTHOR'S CONTRIBUTION:
SRA: Idea, identifying references, drafting, and proofreading.

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