

## Preparation and Dosage of Dexamethasone

### Preparation



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

**Table 1: Dose and Route of Administration of  
Injection Dexamethasone**

Dose	6 mg each
No. of Injections	4
Interval between injections	12 hours
Route of administration	Deep Intramuscular
Site of administration	Preferably antero lateral aspect of thigh
Complete course	Four doses (equivalent to 24 mg total)
Logistics	2 ml disposable syringes and 22/23 gauge needles
Storage	No need to refrigerate

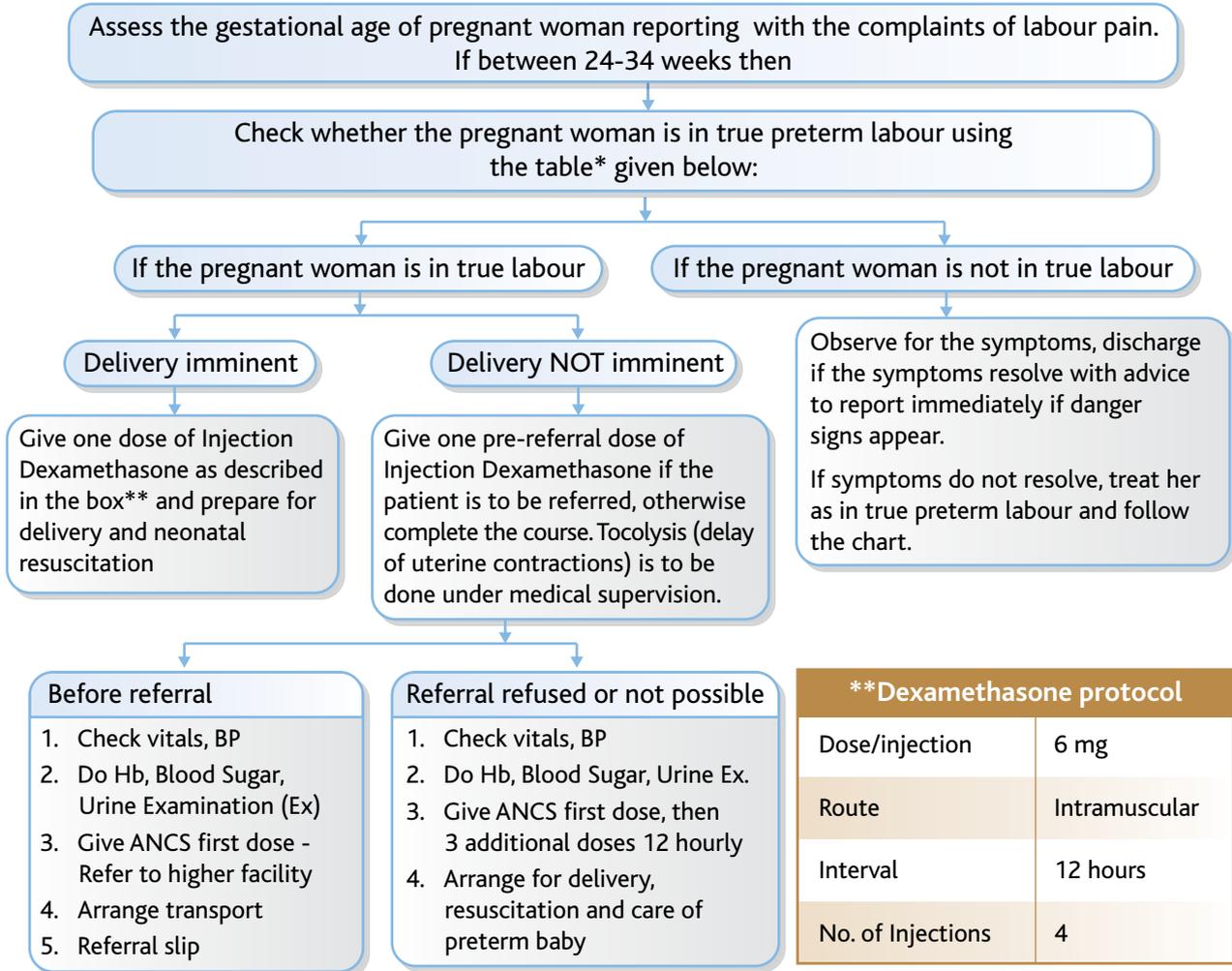
The 6 mg dose would require 1.5 ml of the preparation provided each ml has 4 mg of Dexamethasone.

**Table 2: Indications and Contraindications for using Corticosteroids in Antenatal Period**

Indications	Contraindications
<ol style="list-style-type: none"> <li>1. True preterm labour</li> <li>2. Following conditions that lead to imminent delivery: <ul style="list-style-type: none"> <li>• Antepartum haemorrhage</li> <li>• Preterm premature rupture of membrane</li> <li>• Severe pre-eclampsia</li> </ul> </li> </ol>	<p>Frank chorioamnionitis is an absolute contraindication for using antenatal corticosteroids. Following signs and symptoms in the mother suggests Frank amnionitis:</p> <ol style="list-style-type: none"> <li>1. <b>History</b> of fever and lower abdominal pain</li> <li>2. <b>On examination:</b> Foul smelling vaginal discharge, tachycardia and uterine tenderness</li> <li>3. Fetal tachycardia</li> </ol>

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}



### Contraindication for use of ANCS is Frank Chorioamnionitis

#### \*Symptoms of True and False Labour Pain

TRUE Labour Pain	FALSE Labour Pain
1. Begins irregularly but becomes regular and predictable	1. Begins irregularly and remains irregular
2. Felt first in the lower back and sweeps around to the abdomen in a wave pattern	2. Felt first abdominally and remains confined to the abdomen and groin
3. Continues no matter what the woman's level of activity	3. Often disappears with ambulation or sleep
4. Increases in duration, frequency and intensity with the passage of time	4. Does not increase in duration, frequency or intensity with the passage of time
5. Accompanied by 'show' (blood-stained mucus discharge)	5. Show absent
6. Associated with cervical effacement and cervical dilatation	6. Does not associate cervical effacement and cervical dilatation