

# Technical Reference Team

## Commodity: Antenatal Corticosteroids

### Background

The UN Commission on Life-Saving Commodities for Women and Children (the Commission) was formed in 2012 by the UN Secretary-General as part of the global Every Woman Every Child (EWEC) movement. EWEC challenges the global community to increase access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address the leading preventable causes of death during pregnancy, childbirth, and childhood.

Led by a wide range of high-level leaders from around the world, the Commission developed a framework for action on Reproductive, Maternal, Newborn, and Child Health (RMNCH) products that can be applied nationally and utilized in global RMNCH initiatives. The framework outlines a priority list of 13 commodities, key barriers to access and use, and 10 cross-cutting recommendations to rapidly increase both access and use. By increasing access to and use of these 13 commodities, it is estimated that 6 million women and children can be saved by 2017.

### Moving forward

To help carry forward the Commission's recommendations at the global and national levels, **Global Technical Reference Teams (TRT)** were established. One group was formed for each of the 13 commodities and 10 recommendations, and an advocacy working group is dedicated to advancing cross-cutting goals. The groups carry out their work through a variety of mechanisms, including guidance documents and tools to support countries in their efforts to implement recommendations and address global and regional bottlenecks. The TRTs are coordinated by a Strategy and Coordination Team hosted by the United Nations Children's Fund (UNICEF).

### Spotlight on Antenatal Corticosteroids

Each year, more than one in ten babies is born prematurely, and over one million die due to



A health professional readies antenatal corticosteroids

complications from preterm birth. The most common respiratory complications are related to lung immaturity, or Respiratory Distress Syndrome (RDS). Preterm birth is the most common cause of death among newborns and the second-leading killer of children less than 5 years old.

Antenatal corticosteroid (ACS) is one of the simplest and lowest cost interventions to reduce mortality associated with preterm birth. This product has among the strongest evidence base of all newborn interventions. To increase access to and appropriate use of this critical commodity, the TRT on antenatal corticosteroids is focused on:

- Aggregating known data and gathering new data related to ACS use and barriers to use.
- Sharing the evidence on effectiveness, coverage rates, and common barriers and their remedies with national and global audiences.
- Systematically addressing barriers to ACS use at the global and national levels to measurably increase uptake.

### Group membership

Serving as the convener of the TRT is the Antenatal Corticosteroids Working Group (ACSWG), an international collaboration of organizations committed to advancing the use antenatal steroids for fetal maturation in threatened preterm labor through advocacy and technical assistance. ACSWG members include the American College of Nurse-Midwives, the Bill & Melinda Gates Foundation, Cincinnati Children's Hospital Medical Center, Global Alliance to Prevent Prematurity and Stillbirth at Seattle Children's, Instituto de Efectividad Clínica y Sanitaria, Maternal and Child Health Integrated Program (MCHIP), Save the Children's Saving Newborn Lives program, the US National Institutes of Health, the US Agency for International Development, and the World Health Organization (WHO).

### Progress to date

The ACSWG held consultations with 60 stakeholders at the 2013 Global Maternal Health Conference in Arusha, Tanzania, and 2013 Global Newborn Health Conference in Johannesburg, South Africa, during which they developed and disseminated a platform for action to increase use of ACS. The plan includes an initial focus on expanding access to dexamethasone, focusing on high-volume care settings and adopting a lower threshold for administration (see paradigm shifts tool).

Additionally, the ACSWG has applied for the inclusion of dexamethasone on the WHO Essential Medicines List (EML) for the specific use of accelerating lung maturity in preterm babies. All critical documents for this effort have been drafted and a [web portal](#) to inform ACS adoption was launched.

### Upcoming activities

The ACSWG continues to provide ongoing support for:

- Development of WHO guidelines on the management of preterm labor.
- Development of country plans for Malawi and Uganda to identify barriers to ACS use and appropriate interventions.

- Survive & Thrive Global Development Alliance to update training materials on the management of preterm labor.

### Available resources

The ACSWG has developed a series of tools available via the Healthy Newborn Network and MCHIP to assist countries in expanding access to and improving correct utilization of ACS:

- [Frequently asked questions on ACS](#)
- [ACS Critical Path](#)
- [Working paper on ACS](#)
- [Three paradigm shifts to increase ACS use](#)
- [Application for inclusion in the WHO EML](#)
- [Technical brief on ACS for country programs](#)
- [Advocacy brief on ACS for country programs](#)
- [Caregiver aid for country programs](#)
- Training materials for the management of preterm birth (available early 2014 in partnership with Survive & Thrive Global Development Alliance)

The ACSWG is able to provide targeted technical assistance to pathfinder countries to introduce and scale up antenatal corticosteroids by:

- Directly consulting with national and local product champions and policymakers on country experiences and opportunities with ACS.
- Engaging with local quality improvement organizations to assess the opportunities and challenges to properly managing preterm labor.
- Assisting with the incorporation of dexamethasone into the national EML for fetal lung maturation in preterm babies.
- Assisting with efforts to increase the use of dexamethasone for fetal lung maturation.

### Contact us

For more information or to request tools and technical assistance, please contact the co-chairs of the ACSWG, Joy Lawn ([joylawn@yahoo.co.uk](mailto:joylawn@yahoo.co.uk)) and Joel Segre ([joel.segre@gatesfoundation.org](mailto:joel.segre@gatesfoundation.org)).