

Late preterm steroid therapy found to be cost-effective

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(HealthDay)—In women at high risk for late preterm delivery, antenatal

treatment with betamethasone is a cost-effective strategy, according to a study published online March 11 in *JAMA Pediatrics*.

Cynthia Gyamfi-Bannerman, M.D., from the Columbia University Medical Center in New York City, and colleagues used data from the Antenatal Late Preterm Steroids trial to compare the cost-effectiveness of treatment with antenatal corticosteroids to no treatment for women at risk for late preterm delivery. Participants included 1,426 mother-infant pairs in the betamethasone group and 1,395 mother-infant pairs in the placebo group.

The researchers found that treatment with betamethasone was associated with a total mean woman-infant pair cost of \$4,681, which was significantly less than the mean cost of \$5,379 for woman-infant pairs in the [placebo group](#). The trial previously demonstrated that betamethasone use is effective with respect to decreased respiratory morbidity (a 2.9 percent decrease), yielding an incremental cost-effectiveness ratio of –23,986.

"Because late [preterm birth](#) comprises a large proportion of all [preterm](#) births, our findings have the potential for a large influence on public health," the authors write.

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