

Postnatal Corticosteroids: Balancing Neurological Risks of Treatment vs. Disease

Internet Enduring Material

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Time to Complete

The estimated time for completion of this Internet Enduring Material is 80 minutes.

Target Audience

This presentation is intended for physicians, advanced practice providers, and other clinicians practicing within the Neonatology specialty.

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Disclosure of Relevant Financial Relationships

Nehal A. Parikh, DO, faculty for this educational activity, has no relevant financial relationships with ineligible companies to disclose. *FDA Disclosure(s)*: none reported.

Timothy Biela, MD, Nicole Brenson and Jaya Sariga, NNP-BC, planners of this educational activity, have no relevant financial relationships with ineligible companies to disclose.

Commercial Support

There is no commercial support for this educational activity.

Overview

There is currently a significant gap in research and clinical evidence regarding the benefit/risk ratio of administering moderate dose postnatal corticosteroid therapy in very preterm infants at high risk of bronchopulmonary dysplasia (BPD) between 7-21 days of age. Clinicians often mistakenly believe that any dose higher than the lowest (e.g., DART) of postnatal steroids is harmful to the developing brain and neurodevelopment. However, the disease we are treating, BPD, is more detrimental. Therefore, reducing BPD with steroids will lower the risk of long-term neurodevelopmental impairments when treating the highest risk infants. At the conclusion of the activity, learners will critically evaluate postnatal corticosteroid therapy in their own unit to determine if a change in practice is merited and if so, implement at least one strategy, new technique(s), or intervention(s) to assist in clinical decision-making.

Objectives

At the conclusion of this activity, the participant will be able to:

- Describe how individual risk of BPD influences the effect of postnatal corticosteroids (PNC) on neurodevelopmental impairment/death.
- Distinguish the neurostructural and neurodevelopmental effects of PNC treatment from underlying BPD to make individualized decisions about PNC timing, dose, and duration that optimizes the balance of benefits vs. harms.

ACGME/ABMS Competencies

- Patient Care and Procedural Skills
- Medical Knowledge

IOM Competencies

- Provide Patient-Centered Care
- Employ Evidence-based Practice

Participation and Credit

Participants are expected to review all content in the video, access reference materials as needed for additional self-directed learning, take and score 75% or greater correct on the post-test, and complete the evaluation in order to earn *AMA PRA Category 1 Credit(s)*[™], or nursing contact hour(s).

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