

## Information for Patients

# Use of steroid treatment for neonatal chronic lung disease

Chronic lung disease of Prematurity (CLD), also called bronchopulmonary dysplasia (BPD), occurs in a number of babies who have been born early. It is likely to be more marked if the baby has been born very prematurely (less than 30 weeks) and has required breathing support (ventilation) following birth. CLD can develop gradually after a few days of age because of the initial lung problems that preterm babies are often born with. The process of ventilation and infection together can lead to damage to the lungs. Sometimes CLD is severe enough to make it difficult for a baby to come off the ventilator or in extreme circumstances may be fatal. Dexamethasone is a steroid medicine which lessens chronic lung disease and improves the baby's breathing and our ability to take a baby off the ventilator in the majority of cases.

## Why is Dexamethasone treatment suggested for my baby?

Your baby is one of those infants who has chronic lung disease and required a significant amount of breathing support and a high oxygen level. It is felt that your baby would benefit from the use of dexamethasone treatment to help your baby come off the ventilator.

## What are the advantages of Dexamethasone treatment?

In most cases the use of dexamethasone will help your baby come off the ventilator, although your baby may well still need some support using oxygen enriched air given through the nose via a CPAP (breathing support) machine. Once off the ventilator the baby's lungs can begin the healing process.

## What are the disadvantages?

Dexamethasone is a powerful medication and can cause several problems. Very occasionally it can cause bleeding in the stomach. We protect against this by giving an additional treatment to minimise this possibility. It can cause a temporary increase in blood sugar and there is a small chance of an increase in infection risk while the baby is being treated. In addition there is some suggestion that there may be an increased risk of cerebral palsy (movement difficulties associated with some degree of brain damage). This has not yet been confirmed, however, it is important to know about. The risk of cerebral palsy is increased in premature babies but dexamethasone may add to this risk. We use the lowest possible doses of steroid to minimise this risk as much as possible.

## What if my baby does not receive the treatment?

If your baby does not receive treatment with dexamethasone it may well be that your baby will require a longer period on the ventilator, increasing the likelihood of ventilator dependency.

## What does the course of treatment consist of?

The course of treatment is given over several days, starting at a higher dose and gradually reduced until stopped. Although only one course of treatment is usually given, a second course of treatment may sometimes be required if babies do not respond or rebound after the first course.

## Do I have to agree to this treatment?

This information leaflet has been given to you following a discussion with one of the doctors about the need for your baby to have this treatment. You do not need to agree to this if, after discussion, you do not feel that it is the right time for your baby to have this treatment. The doctors will advise you as to the importance of this treatment for your baby.

If my baby does not have the treatment now, can my baby have this later?

Yes your baby can although the doctors will advise you when they believe that it is the right time to think about giving this treatment.

## Who do I ask for more information?

Please ask to speak to one of the senior doctors if you have any questions.