5 Summary of findings table

Source: McGoldrick E, Stewart F, Parker R, Dalziel SR. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database Syst Rev.* 2020;12:CD004454.

	Certainty assessment							№ of patients		Effect		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Corticosteroids	Placebo or no treatment	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Perinatal de	Perinatal deaths – In babies born from singleton pregnancies											
7	randomized trials	not serious	not serious	not serious	not serious	none	185/2756 (6.7%)	225/2736 (8.2%)	RR 0.83 (0.70 to 0.99)	14 fewer per 1000 (from 25 fewer to 1 fewer)	⊕⊕⊕ HIGH	CRITICAL
Perinatal de	Perinatal deaths – In babies born from multiple pregnancies											
2	randomized trials	not serious	not serious	not serious	very serious ^a	none	19/131 (14.5%)	24/121 (19.8%)	RR 0.71 (0.41 to 1.22)	58 fewer per 1000 (from 117 fewer to 44 more)	ФФСС	CRITICAL
Fetal death	Fetal death – In babies born from singleton pregnancies											
7	randomized trials	not serious	not serious	not serious	serious ^b	none	68/2756 (2.5%)	66/2736 (2.4%)	RR 1.06 (0.76 to 1.46)	1 more per 1000 (from 6 fewer to 11 more)	⊕⊕⊕⊖ MODERATE	CRITICAL

Certainty assessment							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Corticosteroids	Placebo or no treatment	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Fetal death	Fetal death – In babies born from multiple pregnancies											
2	randomized trials	not serious	not serious	not serious	very serious °	none	6/131 (4.6%)	10/121 (8.3%)	RR 0.53 (0.20 to 1.40)	39 fewer per 1000 (from 66 fewer to 33 more)	⊕⊕⊖⊖ Low	CRITICAL
Neonatal de	Neonatal death – In babies born from singleton pregnancies											
13	randomized trials	serious ^d	not serious	not serious	not serious	none	360/4250 (8.5%)	444/4203 (10.6%)	RR 0.80 (0.71 to 0.91)	21 fewer per 1000 (from 31 fewer to 10 fewer)	⊕⊕⊕⊖ MODERATE	CRITICAL
Neonatal de	eath – In babies b	orn from multiple p	regnancies									
3	randomized trials	not serious	not serious	not serious	serious ^b	none	66/415 (15.9%)	83/398 (20.9%)	RR 0.76 (0.57 to 1.02)	50 fewer per 1000 (from 90 fewer to 4 more)	⊕⊕⊕⊖ MODERATE	CRITICAL
Respiratory	Respiratory distress syndrome – In babies born from singleton pregnancies											
17	randomized trials	serious ^d	not serious	not serious	not serious	none	310/3385 (9.2%)	472/3346 (14.1%)	RR 0.65 (0.57 to 0.74)	49 fewer per 1000 (from 61 fewer to 37 fewer)	⊕⊕⊕⊖ MODERATE	CRITICAL

			Certainty a	ssessment			№ of patients		Effect		0.434	l
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Corticosteroids	Placebo or no treatment	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Respiratory	Respiratory distress syndrome – single or multiple pregnancy – In babies born from multiple pregnancies											
4	randomized trials	serious ^d	not serious	not serious	serious ^b	none	44/167 (26.3%)	40/156 (25.6%)	RR 0.85 (0.61 to 1.20)	38 fewer per 1000 (from 100 fewer to 51 more)	ФФС Low	CRITICAL
Intraventric	Intraventricular haemorrhage – In babies born from singleton pregnancies											
6	randomized trials	not serious	not serious	serious °	not serious	none	37/2254 (1.6%)	71/2240 (3.2%)	RR 0.51 (0.35 to 0.75)	16 fewer per 1000 (from 21 fewer to 8 fewer)	⊕⊕⊕⊖ MODERATE	CRITICAL
Intraventric	Intraventricular haemorrhage – In babies born from multiple pregnancies											
1	randomized trial	not serious	not serious	serious °	very serious °	none	2/81 (2.5%)	4/69 (5.8%)	RR 0.43 (0.08 to 2.26)	33 fewer per 1000 (from 53 fewer to 73 more)	⊕⊖⊖ VERY LOW	CRITICAL

CI: Confidence interval; RR: Risk ratio; MD: Mean difference

Explanations

- a. Wide confidence interval crossing line of no effect; estimate based on small sample
- b. Wide confidence interval crossing line of no effect
- c. Wide confidence interval crossing line of no effect; estimate based on small sample and few events
- d. Most studies contributing data had design limitations
- e. In some trials only a subset of infants were screened for intravascular haemorrhage; some trials diagnosed intravascular haemorrhage at postmortem only