

THE IMPACT OF PPROM ON NEONATAL AND MATERNAL OUTCOME

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ABSTRACT

Premature rupture of membranes (PROM) refers to a patient who is beyond 37 weeks' gestation and has presented with rupture of membranes (ROM) prior to the onset of labor. Preterm premature rupture of membranes (PPROM) is ROM prior to 37 weeks' gestation. The evidence for the management of near term prelabor rupture of membranes is poor. The aim of our study was to determine the incidence of neonatal sepsis in late preterm born from mothers with PPROM between 34 until 37 weeks of gestation, and to assess the effect of planned early birth compared with expectant management for those pregnancies. This is a prospective study conducted from 2014 until 2017 including 248 pregnant women with PPROM between 34 until 37 weeks of gestation. Patients were randomized, 124 of them to induced labour (IoL group) and 124 patients to expectant management (EM group). Sepsis rates were 3.2% in the IoL group as compared to 4.8% in the EM group without a statistical difference ($p=0.7$). Respiratory distress syndrome (RDS) was seen in 8 newborns in the IoL group (6.5%) as compared to 7 in the EM group (5.6%) (RR, 1.14; 95% CI, 0.42–3.05). For other neonatal outcome measures, there were also no significant differences between both groups. The incidence of neonatal sepsis and other neonatal outcomes is low after these pregnancies, and this rate is not reduced by induction of labor.

Key words: PPROM, sepsis, incidence, late preterm, outcome