

Ambulant Management in Case of Premature Rupture of Membranes (PROM) at Term: Maternal and Perinatal Outcome

Original title: Ambulantes Management bei vorzeitigem Blasensprung (VBS) am Termin. Eine Outcome-Analysestudie bei ambulantem vs. stationärem Management

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Introduction: A premature rupture of membranes (PROM) is observed in 8% of all pregnancies after 37 + 1 week of gestation. In case of expectative management, we observe in over 60% of the cases spontaneous labor begins within 24 hours, in 95% within 72 hours. Often labor is induced after 24 hours because the risk of maternal and neonatal infection is rising. Whether this surveillance should be managed in-patient or outpatient is a controversy and has only been insufficiently examined. Majority of clinicians advise hospital care to allow monitoring and detection of problems. But for low risk patients fulfilling strict inclusion criteria sometimes home management is possible. This study examines safety and cost of home management.

Material and methods: We retrospectively compared 239 patients (out-patient N=37 group (gr. A), in-patient N=202, gr. B) between 06/2010 and 09/2013. The criteria for an outpatient management in the low risk collective were: singleton pregnancy, reassuring CTG, no sign of infection in laboratory (leucocytes <15000, CRP <10 mg/l), body temperature <38°C, lack of contractions and clear amniotic fluid. In case of absence of spontaneous labor, the birth was induced 24 hours after PROM at the latest.

We compared the maternal (priming, birth mode, need of antibiotics) and the fetal (pH, 5 min APGAR, transfer to the neonatology unit) outcome as well as the hospitalization time duration.

Patients fulfilling the inclusion criteria had a check 12 hours after PROM and got induced by the end of 24 hours when there was no beginning of labor.

Results: Gr A counted 138 primiparae and 64 multiparae (47 P2, 17 > P3), gr B 31 primiparae and 6 multiparae (all P2).

In gr A, 142 women were induced (59.4%) versus 23 in gr B (62.1%). 50% of women in gr. A delivered spontaneously vs. 67% in gr B, 33.3% had a vaginal operative delivery vs. 19.4% in gr. B and 16.6% had a C-section vs. 12.9% in the out-patient population.

In gr. A, 22.8% had signs of a chorioamnionitis during delivery vs. 16.2% in gr. B. Except for the hospitalization time, which was shorter in the out-patient collective (26 vs. 18 hours, p=0.003), there was no statistically significant difference observable between the two groups. Furthermore there was no significant difference in the neonatal outcome in both groups.

Conclusion: Women with an outpatient management of PROM showed shorter hospitalization duration without interfering with the maternal or fetal outcome. In times of increasing financial pressure on the medical system, an outpatient management in case of PROM seems to be a viable option.

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