



Maternal and Neonatal Outcome in Term Prom- Expectant Management Vs Induction

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ABSTRACT

Objective: study of neonatal outcome in PROM cases managed by 12 hrs expectant management vs immediate induction of labour. **Methods:** 180 patients were included in this prospective randomised controlled trial.They were randomised in two groups -expectant management,induction. **Results-**twenty percent primigravida and 46.7% multigravida delivered without need of oxytocin infusion Though caesarean section rate increased in induction group but there was no stastically significant difference in neonatal outcome. **Conclusion-**expectant management increase chance of spontaneous labour without affecting neonatal outcome.

KEYWORDS : PROM, induction

Introduction:

75% of PROM occurs at term. It occurs in 8% of all term pregnancies¹ With expectant management ,80-85%patients will progress spontaneously into labour with latent phase around 24 hrs²As latent phase increase antepartum morbidity increase³Early intervention decrease rate of cesarean section due to failed induction⁴This study was conducted to observe maternal and neonatal outcome in women with PROM at term in immediate and delayed induction groups.

Material and Methods:

This prospective randomised controlled study was conducted over a period of 2 years.PROM was diagnosed by per speculum examination and positive ferning.All low risk women between gestation age 259—293 days with prelabour rupture of membranes and normal NST who presented to labour room within 12 hrs of rupture of membranes were included in the study.they were allotted to group-A-immediate induction group or group-B-delayed induction group.Randomisation was done using a table of random numbers.women with evidence of infection,malpresentation,multiple pregnancy,meconium stained liquor and non-reactive NST were excluded from trial.In group-A after assessing bishop score and pelvis, labour was induced immediately with oxytocin infusion.Intermittent auscultation was used for routine fetal monitoring.women in group-B were observed for 12 hrs from time of admission,watched for spontaneous onset of uterine contractions,at end of 12 hrs if uterine cotractions are inadequate then only oxytocin infusion started.Antibiotics were not used for prophylaxis.

Infants were managed as per following protocol.If interval between PROM and delivery time was morethan 12 hrs abnormal.Antibiotics started when count >20,000/mm³or less than 5,000/mm³,antibiotics were discontinued if blood culture was sterile but continued for 14 days ifculture positive .Stastical analysis was performed by fischer :s exact test.

Results

180 women included in study,90 primi and 90 multigravida,45 of each randomized to be in group-A and 45 in group-B.No significant difference in terms of age and gestational age in 2 groups.25 multigravida and 16 primigravida went into spontaneous labour.Of this 4 multigravidas and 9 primigravida required induction.Admission to delivery time interval was significantly different but maternal morbidity,caesarean rate and neonatal morbidity were not significantly different.

Discussion

Hanna et al⁵,in their randomised controlled trial had concluded that immediate induction and conservative management result in similar

rates of neonatal infection and cesarean section but immediate induction lower risk of maternal infection.Peleg et al⁶ reported that PROM >12 hrs is a predictor of cesarean section.Chorioamnionitis corelated with interval between rupture and delivery⁷.

Table-1 Maternal age and Gestational age

	Primigravidas			Multigravidas		
	Gr:A	Gr:B	P	Gr:A	Gr:B	P
Age(yr)	23.0+/-3.7	23.8+/-3.2	NS	25.3	25.7	NS
GA(days)	272	273	NS	273	272	NS

Table :2 Labor Interval and Neonatal outcome

	Primigravidas			Multigravidas		
	Gr:A N=45	Gr:B N=45	P	Gr:A N=45	Gr:B N=45	P
PROM delivery interval (hrs)	13.36 ± 6.3	21.13±7.2	<0.01	11.0±6.2	14.30±6.3	<0.05
LSCS	5	6	NS	2	2	NS
Neonatal sepsis evaluation	12	21	NS	9	20	NS
Neonatal blood culture +ve	3	9	NS	3	6	Ns

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