



To Compare The Conservative and Aggressive Management of Preterm Prelabor Rupture of Membranes (Pprom) in Indian Women at 34-36 Weeks Gestation in Terms of Duration of Latent Phase of Labour

KEYWORDS

PPROM, latent phase, conservative, aggressive.

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ABSTRACT *Aim-* To compare the conservative and aggressive management of Preterm prelabor rupture of membranes (PPROM) in Indian women at 34-36 weeks gestation in terms of duration of latent phase of labour.

Materials & Method- 194 pregnant women with PPROM at gestational age 34-36 weeks admitted in labour ward were included in the study conducted from 2009 -2010 in department of Obstetrics & Gynaecology, SMS Medical College, India. Random allocation to conservative & aggressive management group was done by offering Chit Box Method assigning 97 cases in each group.

In conservative management cases were hospitalized & provided bed rest, Daily fetal monitoring, maternal vitals monitoring, Oral tab erythromycin 500 mg t.d.s for 7 days, Daily WBC count and C - reactive protein estimation. Expectant management was abandoned if there was clinical evidence of labour, infection or fetal distress.

In aggressive management induction of labour was done by Tab Misoprostol 25 µg orally, at 4-6 hour intervals, for a maximum of 5 doses. Caesarean delivery was performed for standard obstetrical indication and for failed induction.

After delivery neonatal care was provided by neonatologist

Results- Out of 97 cases in aggressive management group majority i.e. 92 (94.85%) cases had latent period > 24 hours and in only 5 (5.15%) cases had latent period >24 hours. Similarly out of 97 cases in conservative management group, majority i.e. 86 (88.66%) cases had latent period >24 hours and only 11 (11.34%) cases > 24 hours.

Conclusion- In aggressive management group duration of latent period in majority cases was > 24 hours and in conservative management group majority cases have latent phase >24 hours.

Thus, in the present study difference in duration of latent period of PPROM in both the groups was highly significant.

1. INTRODUCTION

Preterm prelabor rupture of fetal membranes (PPROM) is defined as rupture of fetal membranes prior to the onset of labour at less than 37 weeks of gestation. The fetal membranes serve as a barrier to ascending infection. Once the membranes rupture, both the mother and foetus are at risk of infection and of other complications. Most women with PPROM go into spontaneous labour within 24 hours of rupturing their membranes, but 6% of women will not be in spontaneous labour within 96 hours. However earlier in gestation the rupture occurs, the less likely that the onset of labour will be within a specified time period. PPROM occurs in 2 to 3% of all pregnancies and proceeds 1/3 of preterm births and 18 to 20% of perinatal deaths. PPROM is largely a clinical diagnosis characterised by a history of watery vaginal discharge. Prolonged rupture of membrane (PROM) is an important risk factor for chorioamnionitis. Chorioamnionitis is a common complication of pregnancy associated with significant maternal, perinatal, and long-term adverse outcomes. Adverse maternal outcomes include postpartum infections and sepsis while adverse infant outcomes include stillbirth, premature birth, neonatal sepsis, chronic lung disease and brain injury leading to cerebral palsy and other neurodevelopmental disabilities

Conservative versus aggressive management of PPROM is amongst the most controversial issue and still remains a major dilemma to the obstetricians Present study is intended to compare the conservative and aggressive management of PPROM at 34-36 weeks gestation in terms of in terms of duration of latent phase of labour.

2. MATERIAL AND METHODS

This prospective randomized clinical trial study was conducted in the Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur during the year 2009-2010. 194 pregnant women with PPROM at gestational age 34-36 weeks admitted in labour ward were recruited in the present study. Written informed consent by each subject was sought before the study. Random allocation to both the management groups was done by offering Chit Box Method to eligible patients assigning 97 cases to each group. Inclusion Criteria were pregnant women with PPROM at 34-36 weeks of gestation. Exclusion Criteria were cases requiring delivery viz. labour, infection, fetal distress, lethal fetal anomalies / fetal demise, Maternal medical disorders, Non-vertex presentation, Antepartum haemorrhage, absolute indication for caesarean section.

PPROM was confirmed by sterile speculum examination, single digital examination, USG for AFI. Eligible women were assigned to either the conservative management or aggressive management group.

1. Group A (Conservative Management) - 97 cases
2. Group B (Aggressive Management) - 97 cases

Women of both groups were subjected to general physical examination, per abdomen examination

Per speculum / Pervaginal examination, sterile single digital examination to exclude occult cord prolapse and to assess cervical score.

