

# Definitions

**PROM** - Premature Rupture of the Membranes  
*(before active phase of labour)*

**pPROM** - Preterm Premature Rupture of the  
Membranes *(before active phase of labour in  
preterm pregnancy)*

# Epidemiology

- - 2-3% of all pregnancies
- - 30% of preterm pregnancies

# Epidemiology (2)

## ■ Frequency of pPROM (\*)

| <u>Author</u> | <u>Age-grp/weight</u> | <u>pPROM</u> | <u>Year/Country</u> |
|---------------|-----------------------|--------------|---------------------|
| ■ Veber       | > 32 weeks            | 2            | 1989 - London       |
| ■ Veber       | 28 - 31 weeks         | 28           | 1989 - London       |
| ■ Veber       | < 28 weeks            | 33           | 1989 - London       |
| ■ Tejani      | < 2.500 gr            | 17           | 1988 - California   |
| ■ Tejani      | < 2.500 gr            | 29           | 1988 - California   |

■ \* In both studies, more than 6.000 cases were surveyed.

# Etiology

## ■ *Risk factors:*

- - *Infection*
- - *Cervical Incompetence*
- - *Cervical Invasive Procedures*
- - *Low Placenta*
- - *Smoking*

## ■ *Protection*

- - *pH of the vagina*
- - *Cervical mucus*
- - *Cervical Competence*

# *Diagnosis*

- *Amniorrhoea*
- *Lanugo (1929)*
- *Vaginal pH (1933)*
- *Fetal fact cells (1942)*
- *Arborisation (1944)*
- *Ultrasound*

# Management (1)

- GA
  - - *Expectant*
  - - *Active - Aggressive*
- *Self - healing (10%)*

# Management (2)

- **20-24 weeks**
  - - *Interruption*
- **24-26 weeks**
  - - *Active, checking infection*
- **26-30 weeks**
  - - *Expectancy*
  - - *Antibiotics*
  - - *Steroids*
- **30-36 weeks**
  - - *Aggressive*
  - - *Steroids and Interruption*

# Treatment

- *Antibiotics*
- *Steroids*
- *Tocolysis*

# **Antibiotics**

- *Prophylactic - Lab results - Bacteriostatic*
- *Therapeutic - Immediately - Bactericidal*

# Steroids

- *RDS (1972)*
- *Long-term neonatal complications*
- *Risk of infection*
- *Best results: first dose (1-7 days)*

# Tocolysis

- *Pro- and contradictory*
  - - 24 hour steroid treatment
  - - *In utero transfer*

# Fetal wellbeing

- Amniocentesis
- BPP (8 - 10) - 24 hours
- Quantity of AL

# Clinical Chorioamnionitis

- The frequency of symptoms associated with IAI

| <u>Symptoms</u>                   | <u>Frequency (%)</u> |
|-----------------------------------|----------------------|
| • Temperature > 37.8 C            | 100                  |
| • Maternal Heart Rate > 100 / min | 20 - 80              |
| • Foetal Heart Rate > 169 / min   | 40 - 70              |
| • White Blood Cells / cc > 15.000 | 70 - 90              |
| • White Blood Cells /cc > 20.000  | 3 -10                |
| • Odorous AL                      | 5 - 22               |
| • Uterine Tenderness              | 4 - 25               |

# Neonatal survival

- Neonatal survival rate of pregnancies complicated by pPROM

| <u>Gestational age (weeks)</u>                               | <u>Survival rate (%)</u> |
|--|--------------------------|
| ■ 24   | 36                       |
| ■ 25   | 55                       |
| ■ 26   | 65                       |
| ■ 27   | 76                       |
| ■ 28   | 85                       |
| ■ 29   | 90                       |
| ■ p.s. Surfactant has been used postnatally (Jonathan M, 14) |                          |

# *Interruption of Pregnancy*

- *Risk for infection overcomes prematurity*
  - *Fetal lung maturation*
  - *Fetal distress*
  - *Maternal and/or fetal infection*

# Recurrent pPROM

- *20% Risk*
- *History*
- *Hydramnion*
- *Multifetal Pregnancy*
- *Recurrent infection*
- *Smoking*