

عنوان مقاله:

Inpatient vs. outpatient management of uncomplicated preterm premature rupture of membranes: a clinical trial

محل انتشار:

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خلاصه مقاله:

Background: Preterm premature rupture of membranes (PPROM) is spontaneous rupture of fetal membranes before 37 weeks of gestation. PPRM cases that are clinically stable with no sign or symptom of intrauterine infection and normal fetal assessment are usually managed expectantly in hospital settings or at home. This study aimed at comparing the inpatient and outpatient management among women with uncomplicated PPRM. **Methods:** This non-randomized clinical trial was performed in an academic hospital, Mashhad University of Medical Sciences in 2017-2018. Women with confirmed PPRM who received initial treatments during the primary 72 hours of hospitalization were assigned into inpatient (n=45) or outpatient (n=35) management groups according to the patient's decision. The obstetrical, maternal and neonatal outcomes under the focus of this study included latency period, gestational age at delivery, delivery route, delivery reason, WBC and neutrophil count, neonates' weight, Apgar score, NICU admission, and death in the first 28 days after delivery. Data were analyzed by Statistical Package for Social Science (IBM SPSS) version 23. $P < 0.05$ was considered statistically significant. **Results:** Among 120 patients assessed for eligibility criteria, 80 patients were enrolled and the data of 68 participants was analyzed. Women in outpatient group had significantly longer latency period than women in inpatient group (18.7 ± 12.9 vs. 7.1 ± 5.8 days, $p < 0.001$). The rate of vaginal delivery was 77.5% (n=31) in inpatients group vs. 57.1% (n=16) in the outpatient group ($p = 0.1$), no significant difference was found regarding cesarean indications, pregnancy termination indication, GA at delivery and WBC or neutrophil count ($p > 0.05$). Neonatal Apgar score, death, and NICU admission rate or period were not significantly different between the two groups ($p > 0.05$). **Conclusion:** Homecare for the selected PPRM women could be a suitable expectant strategy without compromising neonatal or maternal outcomes.

کلمات کلیدی:

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