

## عنوان مقاله:

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

## محل انتشار:

مجله بین المللی کودکان، دوره 9، شماره 11 (سال: 1400)

تعداد صفحات اصل مقاله: 9

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## خلاصه مقاله:

**Background:** Preterm premature rupture of membranes (PPROM) is spontaneous rupture of fetal membranes before ۳۷ 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 ۲۰۱۷-۲۰۱۸. Women with confirmed PPRM who received initial treatments during the primary ۷۲ hours of hospitalization were assigned into inpatient (n=۴۵) or outpatient (n=۳۵) 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 ۲۸ days after delivery. Data were analyzed by Statistical Package for Social Science (IBM SPSS) version ۲۳.  $P < 0.05$  was considered statistically significant. **Results:** Among ۱۲۰ patients assessed for eligibility criteria, ۸۰ patients were enrolled and the data of ۶۸ participants was analyzed. Women in outpatient group had significantly longer latency period than women in inpatient group ( $18.7 \pm 12.9$  vs.  $7.1 \pm 5.8$  days,  $p < 0.001$ ). The rate of vaginal delivery was ۷۷.۵% (n=۳۱) in inpatients group vs. ۵۷.۱% (n=۱۶) 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:

**لینک ثابت مقاله در پایگاه سیویلیکا:**

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