

## Transabdominal amnioinfusion treatment in preterm premature rupture of membranes at less than 32 weeks of gestation

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**Objective :** To assess the clinical role of transabdominal amnioinfusion in pregnancies with preterm premature rupture of membranes (PPROM) at < 32 weeks.

**Study design :** We included the singleton pregnancies with PPRM < 32 weeks between 1998 and 2002 that consented to undergo the continuous transabdominal amnioinfusion (n=31). This group was compared with the historic control group treated conservatively between 1995 and 1997 (n=27). Clinical data were drawn from medical records, such as time interval from admission to deliver (latency period), birth weight, Apgar scores, maternal and neonatal complications. Statistical analyses were performed by means of Student t test, Mann Whitney U-test, Fisher's exact test where appropriate. *P* value below 0.05 was considered significant.

**Results :** The median latency period was longer in study group than in control group (9 days vs. 3 days,  $p<0.05$ ). The incidence of Apgar score at 5 minutes below 7 was lower in study group than that in control group (64.2% vs. 89%,  $p<0.05$ ). The mean birth weight was greater than the study group (1879 vs. 1563 g). The rate of maternal complication associated with chorioamnionitis was greater in control group than that in study group (23.0% vs. 10.3%,  $p=0.05$ ). The risk of ventilator care needed and neonatal death were greater in control group.

**Conclusion :** The continuous transabdominal amnioinfusion may have a positive role in the management of PPRM at <32 weeks.