

Management of term PROM in SGA pregnancies: what to do?

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Objective. Evaluate delivery mode and labour/puerperal complications in SGA fetuses (neonatal birth weight 2,000-2,500 g) compared to AGA fetuses with term premature rupture of membranes (PROM).

Materials and Methods. A single-centre retrospective cohort study of neonates from singleton pregnancies with PROM (≥ 37 weeks) admitted between January 2022 and December 2023. We compared two groups: Group 1 (n = 600) with AGA fetuses and Group 2 (n = 15) with SGA fetuses.

Results. The two groups were similar in maternal age, BMI, parity, ethnicity, and maternal pre-gestational diseases. Labour induction rates were comparable (36% vs 40%, p = 0.24), with no significant differences in the use of oral PGE1, vaginal PGE2 or oxytocin. Partum and postpartum outcomes were similar: delivery mode (eutocic vaginal de-

livery: 83% vs 86%; vacuum: 6.5% vs 13.3%; caesarean: 10% vs 0%; p = 0.63), postpartum haemorrhage (21.3% vs 6.6%, p = 0.58), and physiological puerperium (87% vs 100%, p = 0.24).

Neonatal outcomes were also comparable, including neonatal hypoxia (defined as pH < 7.0, BE < -12 and/or neonatal resuscitation) (13% vs 20%, p = 0.32); in particular, umbilical artery blood gas value (pH < 7.0: 0.8% vs 0%; pH 7.01-7.10: 6% vs 6%, p = 0.18; BE < -12 mmol/L: 5% vs 0%, p = 0.07), and incidence of neonatal resuscitation (0.3% vs 0%, p = 0.98) did not differ between the study groups.

Conclusions. Term PROM in singleton pregnancies often requires labour induction, with similar delivery modes and maternal and neonatal outcomes observed between SGA (2,000-2,500 g) and AGA fetuses.