



Perinatal outcomes in early preterm PROM: impact of latency

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Objectives

Evaluate perinatal outcomes in neonates with PPRM (27+0–34+6 weeks), comparing:

- **Early resolution (ER): ≤ 2 days latency**
- **Prolonged latency (PL): ≥ 3 days**

Determine whether latency is an independent predictor of adverse outcomes after adjusting for gestational age

Methods

Design: Retrospective observational study (2024).

Population: Singleton pregnancies with PPRM.

Groups: ER (≤ 2 days) vs. PL (≥ 3 days).

Outcomes: RDS, neonatal sepsis, NEC, pneumonia, BPD, IVH, neonatal mortality.

Analysis: Fisher's exact test and logistic regression adjusted for gestational age.

Conclusions

In PPRM (27–34 weeks), prolonged latency (≥ 3 days) increased risk of RDS, independent of gestational age.

Other outcomes were mainly determined by prematurity.

Findings support individualized management; larger studies are needed.

Results

N = 45: ER = 17, PL = 28. PL had higher adverse outcomes, though not all were significant.

After adjustment:

- Latency = independent risk factor for RDS (OR 1.85; 95% CI 1.02–3.36; $p = 0.045$).
- Gestational age reduced risk of RDS (OR 0.99; 95% CI 0.98–1.00; $p = 0.029$) and BPD (OR 0.42; 95% CI 0.19–0.94; $p = 0.033$).
- No significant associations for sepsis, NEC, pneumonia, or mortality.
- Regression for IVH and mortality limited by perfect separation

