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COMPARING IMMEDIATE AND DELAYED INDUCTION FOR TERM PRE-LABOUR RUPTURE OF MEMBRANE

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Background

PROM at Term: Management Options

- Two main approaches:
 - Immediate induction of labour
 - Delayed induction (expectant management)
- Current evidence does not clearly favour one option over the other.
- The preferred strategy in our setting remains uncertain due to limited conclusive evidence.

Objective

- Compare maternal and neonatal outcomes in:
 - Immediate induction vs delayed induction after term PROM
- Specific outcomes assessed:
 - Incidence of clinical chorioamnionitis
 - Rate of caesarean section
 - Occurrence of neonatal sepsis

Discussion and Conclusion

No significant differences in:

- Clinical chorioamnionitis
 - Caesarean delivery rates
 - Neonatal sepsis
- Between immediate and delayed induction in term preterm premature rupture of membranes (PROM).

Findings align with previous Nigerian studies:

- Omole-Ohonsi et al. (2009)
 - Adeniji et al. (2013)
 - Akintayo et al. (2014)
- Immediate induction is a safe and efficient option that does not increase maternal or neonatal risks.
- While delayed induction may prolong hospital stay, immediate induction is a practical choice in Nigerian healthcare settings.

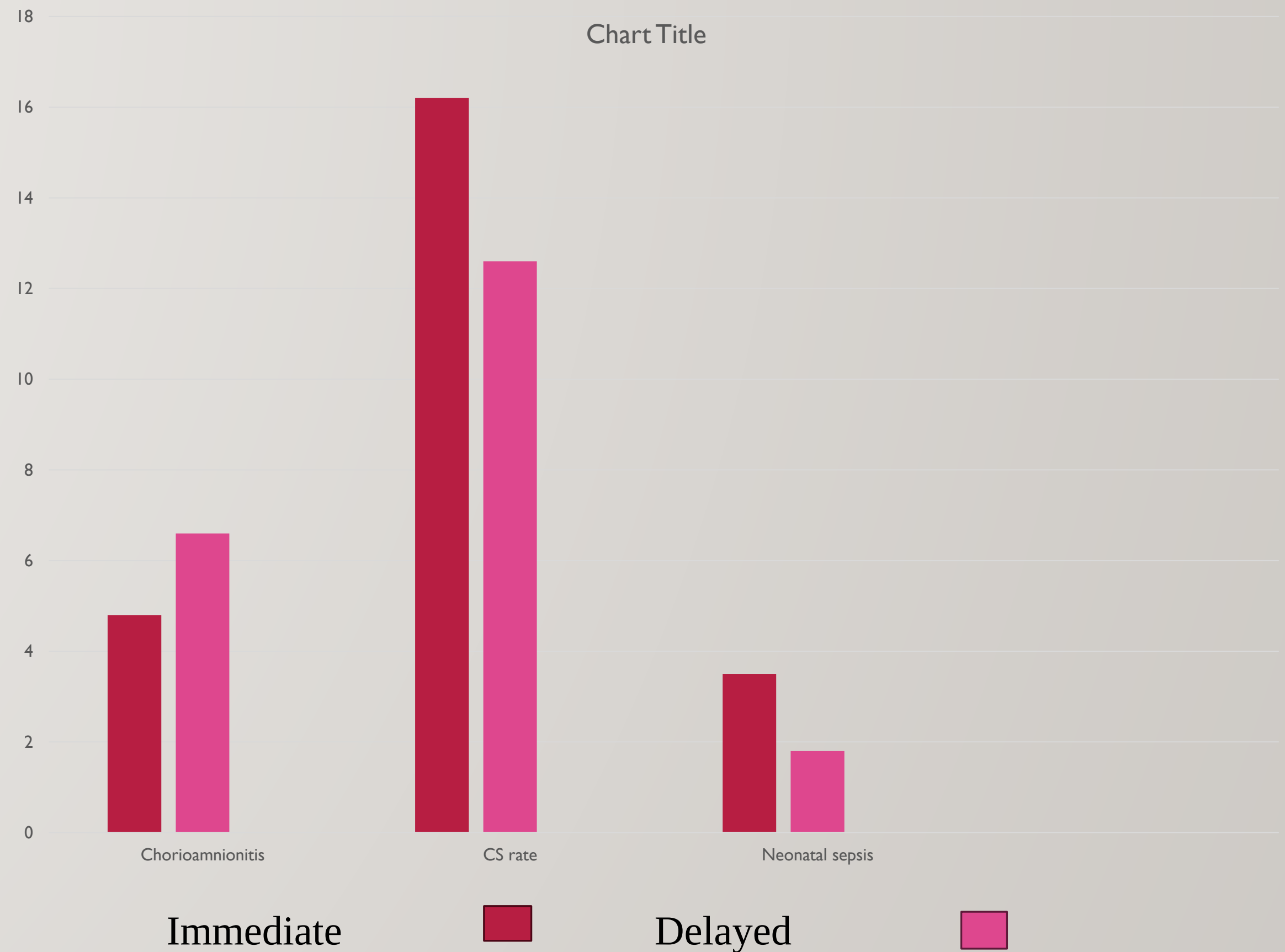
Methodology

- Design: Randomised controlled trial across three centres in Delta State, Nigeria
- Participants:
 - 334 women with term PROM and no contractions
 - Randomly assigned to:
 - Immediate induction (n = 167) – within 2 hours of presentation
 - Delayed induction (n = 167) – observed for up to 24 hours
- Primary outcome: Clinical chorioamnionitis
- Secondary outcomes:
 - Caesarean delivery
 - Neonatal sepsis
- Analysis:
 - Conducted on intention-to-treat basis
 - SPSS v22 (IBM®) used
 - Chi-square and t-tests applied
 - p < 0.05 is considered statistically significant

Results

- Baseline characteristics were comparable between the two groups.
- No statistically significant differences were observed in:
 - Clinical chorioamnionitis:
 - Immediate: 4.8%
 - Delayed: 6.6%
 - p = 0.479
 - Caesarean delivery:
 - Immediate: 16.2%
 - Delayed: 12.6%
 - p = 0.349
 - Neonatal sepsis:
 - Immediate: 3.0%
 - Delayed: 4.8%
 - p = 0.393

Chart Title



1. Omole-Ohonsi A, Ashimi A, Adeleke S. Spontaneous pre-labour rupture of membranes at term: immediate versus delayed induction of labour. *West Afr J Med.* 2009;28(3):156–60
2. Adeniji AO, Atanda OO. Interventions and outcomes in patients with premature rupture of fetal membranes at term in a Nigerian tertiary hospital. *Trop J Obstet Gynaecol.* 2013;30(1):64–70.
3. Akintayo AA, Adeoye IA, Olatunji AO, Adeniji AO, Fakeye OO. Pregnancy outcome among women with pre-labour rupture of membranes in a Nigerian tertiary hospital: a comparison of active and expectant management. *S Afr J Obstet Gynaecol.* 2014;20(3):92–6.

4 Suleiman BK, Bello OO, Tijani AM, Oluwasola TAO. Management outcome of premature rupture of membranes in a tertiary health facility in South Western Nigeria. *Ann Ib Postgrad Med.* 2021;19(1):63–69.