Prelabour Rupture of Membranes at Term: In- or Outpatient Management? A Survey in Birth Institutions in the German-Speaking Part of Switzerland


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Approximately 8–10% of pregnant women experience prelabour rupture of membranes at term (tPROM). The ideal timing for an induction of labour as means to shorten the time interval to birth and thus to reduce maternal and neonatal risk of infection is discussed controversially. A distinction is made between an active and an expectant approach. There is little evidence comparing in- and outpatient management in the expectant approach. The goal of this investigation was to determine the current management in birth institutions in the German speaking part of Switzerland.

There is little evidence when comparing in- and outpatient management. The results are controversial. A small (n = 56) randomized controlled trial with no increased infection rates conclude: “...we can safely allow women to go home to await the onset of labor. Following PROM, the current prevalent restrictive policy of hospitalization seems unnecessary. That is not to say, a blanket policy of home management is preferable, but a policy of allowing women a choice, and offering them an alternative to the ‘norm’ of staying in hospital may be to many women an attractive option” [1]. However, the authors acknowledge the small sample and the need for a bigger trial. The multicenter trial by Hannah et al. [2] showed increased chorionamnionitis and cesarean rates in the outpatient group, and therefore concludes that it is generally safer to stay in hospital for expectant management. Despite the large sample the study may underlay some methodological limitations. Outpatient management was handled differently in the different institutions, which could have led to a treatment bias. Furthermore, there was no randomization for the in- and outpatient management. The internal validity of the two unequal groups (n = 653 outpatient vs. n = 1017 inpatient hospital) is therefore questionable. The neonatal outcome, however, is not significantly different. On the other hand, Hagskog et al. [3] approve of an outpatient management. They recommend the assessment of amniotic fluid and fetal heart monitoring to exclude fetal distress. The goal of this investigation was to determine the current in- and outpatient management at tPROM in birth institutions in the German speaking part of Switzerland.

In this cross-sectional study a self-designed online-questionnaire was distributed to obstetricians and midwives in leading position of all obstetric institutions in Switzerland. Outcome measures were: the currently offered approach at tPROM; the experience with outpatient expectant management and the willingness to introduce outpatient management as an option for pregnant women. The results were analyzed employing descriptive statistics and qualitative content analysis of open-line texts.

From a total of n = 85 Swiss German birth institutions, n = 47 (55%) responded to the questionnaire. 53% of institutions (n = 25) provide an outpatient expectant management. The longer the institutions provide this management, the more frequently pregnant women embrace it. The women's satisfaction was seen as a decisive advantage. The respondents ascribed furthermore advantages for the maternal outcome, but no advantage for the fetal outcome. 73 % (n = 16) of respondents working in institutions hospitalizing exclusively, stated to be willing to introduce the outpatient management, provided that was evidence of maternal and fetal outcome, and of pregnant woman's satisfaction.

The number of birth institutions offering outpatient management is surprisingly high. Maternal satisfaction is seen as a major advantage. However the uptake of outpatient management is more or less frequent from one institution to another. Presumably, this depends on the advice given by the health care professionals. Detailed information on monitoring and on preconditions for an outpatient management is important for pregnant women to enable them to be less anxious and to be better able to make informed decisions. In future studies examining the general management at tPROM the question of outpatient management should be included. Even though this survey seems to justify an outpatient management under strict quality control conditions, prospective studies to assess safety issues are urgently needed.