Acta Scientific Women's Health (ISSN: 2582-3205)

Volume 2 Issue 2 February 2020

Perspective

Global Prevalence and Neonatal Outcome of PPROM in Sub-saharan Africa

Matthew Anyanwu[1-3]*

[1]*Edward Francis Small Teaching Hospital (EFSTH), Banjul, Gambia*

[2]*School of Medical and Allied Health Sciences, University of The Gambia, Gambia*

[3]*College of Medicine, American International University, West Africa*

***Corresponding Author:** Matthew Anyanwu, Edward Francis Small Teaching Hospital (EFSTH), Banjul, Gambia.

DOI: 10.31080/ASWH.2020.02.0078

Received: December 26, 2019

Published: January 09, 2020

The global prevalence of preterm prelabour rupture of membranes (PPROM) of 1%–3% of all pregnancies, has been reported by Biniyam., et al. with associated significant maternal, fetal and neonatal risks. However, some other scholars working in India, Pakistan and Uganda have higher prevalence of 7.72%, 9.6% and 12.1% respectively. This increasing trend of prevalence of PPROM is noted with passionate interest in recent times as this is one major obstetrics factor that have been found to correlate with adverse pregnancy outcome. It remains a critically important clinical and public health problem. Admissions into neonatal intensive units have increased and remained ever busy. The majority of the admissions were due to prematurity and PPROM causes around 25-30% of all preterm deliveries and is the leading identifiable cause of preterm deliveries.

In a review by Madhavi (2014) suggest PPROM as the strongest predictor of preterm delivery but degree, sensitivity and specificity of that prediction has been a challenging issue. In view of this strong association of PPROM to preterm delivery there is convincing evidence that it could be a clinical subtypes of preterm delivery (PTD) with multi factorial aetiology and itself a determinant of preterm delivery.

The recurrent risk of this condition is also a burden that should be considered in the contemporary obstetrics practice. The study by Lee et al concluded that risk for recurrent PPROM is increased by 20- fold and for recurrent preterm delivery is almost 4- fold.

However, despite increasing prevalence and recurrent risk of PPROM with predominance of preterm births there appear to be significant improvement of neonatal survival. Interestingly, our study suggest equal survival potential of 29-32 weeks and 33–36 weeks in the assumption of similar management protocol. Therefore, we strongly recommend that in countries where 28 weeks is the fetal viability age may have progressive advantage with innovative proneness if reduced to 24 weeks.