

# SPONTANEOUS PRETERM DELIVERY – CAN WE PREDICT THE TIME INTEVCAL FROM ADMISSION TO DELIVERY?



Liran Hiersch, Eran Ashwal, Avital Wertheimer, Amir Aviram, Hadas Miremberg, Arnon Wiznitzer, Yariv Yogev

Helen Schneider Hospital for Women, Rabin Medical Center, Petah-Tikva; Sackler Faculty of Medicine, Tel-Aviv University, Israel

#### **OBJECTIVE**

To identify predictors for short time interval from admission to delivery in women with spontaneous preterm delivery (PTD) <34 weeks of gestation.

#### MATERIALS AND METHODS

- A retrospective cohort study (2007-13)
- All women who delivered <34 weeks of gestation.
- Women with admission to delivery interval ≤48 hours were compared to those with interval >48 hours.
- Exclusion: indicated PTD, suspected amnionitis, abruption, maternal fever, vaginal bleeding or fetal anomalies.

## **RESULTS**

	Delivery ≤ 48 h N=231	Delivery > 48 h N=99	P value
Age (y)	30.9±7.0	31.0±5.7	0.85
Nulliparity	109 (47.2)	38 (38.4)	0.14
Previous PTD	46 (19.9)	23 (23.2)	0.23
Past PPROM	16 (6.9)	7 (7.1)	1.0
Previous LLETZ	0 (0)	0 (0)	1.0
Uterine anomaly	8 (3.5)	5 (5.1)	0.54
Twins	108 (46.8)	35 (35.4)	0.06
Gestational HTN	0 (0)	0 (0)	1.0
Preeclampsia	3 (1.3)	2 (2.0)	0.63
GDM	21 (9.1)	12 (12.1)	0.42
Oligohydramnios	24 (10.4)	16 (16.2)	0.14
Cerclage	12 (5.2)	5 (5.1)	1.0
Progesterone	34 (14.7)	27 (27.3)	0.009
Celestone	122 (52.8)	65 (65.7)	0.03
Tocolitics	79 (34.2)	43 (43.4)	0.13

	Delivery ≤ 48 h	Delivery > 48 h	P value
Admission GA	30.7±2.5	29.7±3.0	0.009
PPROM	101 (43.7)	48 (48.5)	0.47
Contraction sensation	169 (73.2)	58 (58.6)	0.02
Contraction in CTG	166 (71.9)	61 (61.6)	0.07
Cervical conditions			
Dilatation (cm)	2.6±2.6	1.6±1.9	< 0.001
≥ 2 cm	113 (48.9)	34 (34.3)	0.01
Effacement ≥80%	116 (50.2)	37 (37.4)	0.04
Length (mm)	16.8±10.4	18.6±11.9	0.43
Cesarean delivery	125 (54.1)	52 (52.5)	0.81
Interval (h)	11.3±12.4	246.7±276.2	<0.001
GA delivery (wks)	31.0±2.3	30.6±2.5	0.22

### CONCLUSION

Risk factors for short admission to delivery interval can be identified in women with spontaneous PTD <34 weeks of gestation.

This may aid the physician in the decision making process regarding the need for prompt intervention.