Management of Premature Rupture of Membranes at Term: An Audit. How do the results compare with clinical practice guidelines?

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- Premature rupture of membranes is a common clinical event. It is associated with increased maternal and perinatal morbidity and mortality.
- Clinical practice guidelines have been developed in Palestine and are followed at Emirati Hospital since 2006.
- No prior audit about the management of PROM at Emirati Obstetrics Hospital was done.
- This audit has gained approval from the administration of Emirati Obstetrics Hospital.

Objectives
To perform an audit for the management of women presenting with PROM at term and assess how inpatient management compares with the hospital’s current clinical practice guideline.

Materials and Methods
- Retrospective audit over a 2.5 month period 01/10/2015 – 15/12/2015 including 50 cases collecting data about maternal history, examination, obstetric procedures, fetal monitoring techniques, lab investigations, pharmacological treatment, delivery details and maternal and fetal outcome.
- A data collection sheet was designed according to the Palestinian Ministry of Health Clinical Practice Guidelines for Obstetrics and Gynecology – 2006.
- Data was collected from the archive department of Emirati Obstetric Hospital – Rafah – Palestine.
- Data was collected and analyzed by 5th year medical students during 4 days.

Results and Discussion

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Abdominal examination</td>
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<tr>
<td>Vital signs</td>
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<td>CBC</td>
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<td>CTG</td>
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<td>Sterile speculum exam</td>
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<td>HVS for culture and sensitivity</td>
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<td>MSU for culture and sensitivity</td>
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<td>PV exam</td>
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<td>Ultrasound Exam</td>
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<td>Confirm gestational age</td>
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<td>AFI</td>
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<td>Fetal position/presentation</td>
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- Basic items were done close to 100% of cases.
- Sterile speculum and AFI were not documented although Dr. Qeshta states that they are routinely performed.
- HVS was not done due to the lack of resources.
- MSU was not done for the lack of cost effectiveness.
- PV exam was done with no justification although it is not indicated.

Recommendations
1- Development and implementation of an effective supervision system to ensure maximum adherence of the medical team to the clinical practice guidelines.
2- Update the current clinical practice guidelines.
3- Improve the documentation process, eg. by regular seminars and using an established format for ultrasound examination.
4- Review the availability of resources and cost effectiveness of obstetric procedures and investigations.
5- Contact the Ministry of Health regarding any shortage of resources that affect the quality of care.
6- Perform regular audits to ensure sustainability and long term adherence to the clinical practice guidelines.

Antibiotics Use
24 - Cefazolin
76 – No Antibiotics

Duration of hospital admission
20%
2%
78%

Acknowledgment
We would like to express our deepest appreciation and regards to all those who encouraged helped us complete this audit from the beginning, with special thanks to Dr. Bettina Botcher who introduced us to the concept of audit, Dr. Ahmed Hams and Dr. Ashraf Qeshta for their great advice. Saving the best for last, we thank Dr. Anwar Sheikh Khalil for his support and trust.

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