

# L'administration d'une tocolyse après une rupture prématurée des membranes avant terme permet-elle d'améliorer le pronostic de l'enfant prématuré ?

Elsa Lorthe, François Goffinet, Stéphane Marret, Christophe Vayssiere, Cyril Flamant, Mathilde Quere, Valérie Benhammou, Pierre-Yves Ancel, Gilles Kayem

## Rupture prématurée des membranes avant terme (RPMAT)

Rupture spontanée des membranes, survenant avant 37 SA et avant le début du travail

3% des grossesses, 30% des accouchements prématurés



Latence

Expectative



Prématurité



Complications infectieuses et obstétricales

**Prise en charge**

Hospitalisation  
Transfert in utero  
Traitements :  
corticothérapie,  
antibiothérapie

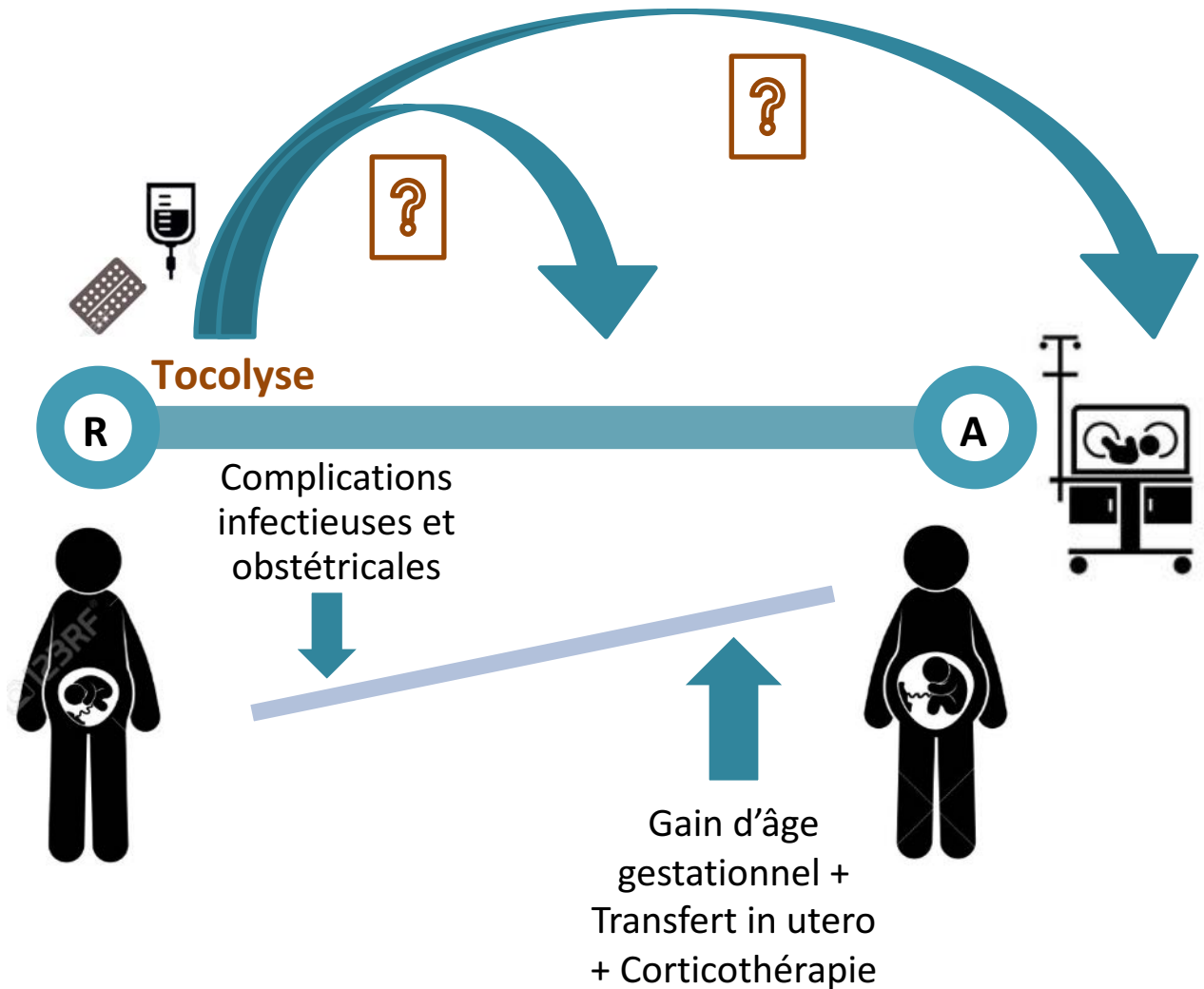
**Tocolyse ?**

## Tocolyse après RPMAT ?

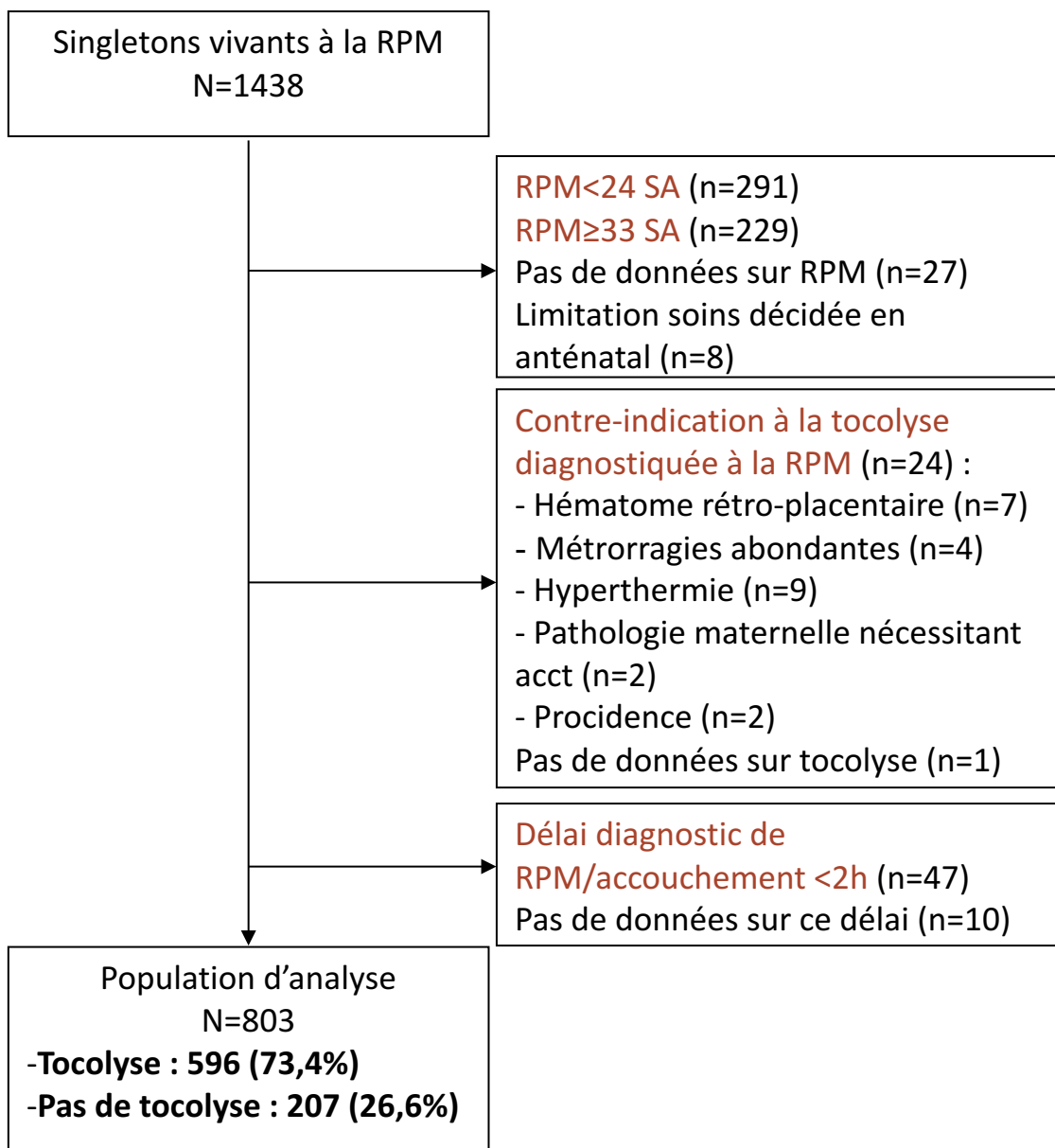
- Littérature : méta-analyse de 2014, 8 essais, 408 patientes
  - Pas de données probantes pour recommander la tocolyse après RPMAT : ↗ durée de latence sans bénéfice néonatal, ↗ chorioamniotite
  - Limites : essais anciens, petits effectifs, prise en charge différente
- Recommandations internationales contrastées
- En pratique : tocolyse administrée après RPMAT dans 30 à 60% des cas

## Objectif

Evaluer l'impact de l'administration d'une tocolyse après RPMAT sur les issues obstétricales et néonatales.



## Population d'étude

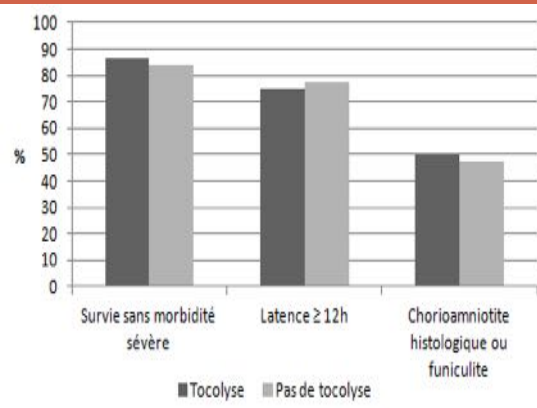


## Analyse statistique

- Comparaison des caractéristiques selon le groupe de tocolyse
- **Biais d'indication**
- Création d'un score de propension (SP)
  - Pondération inverse du SP (IPTW)
- Critères de jugement
  - Survie sans morbidité sévère
  - Durée de latence  $\geq 48h$
  - Chorioamniotite histologique ou funiculite
- Analyses de sensibilité
  - RPMAT 26-31 SA
  - Latence  $\geq 12$  heures
- Données manquantes
  - Imputation multiple

## Résultats

Issues selon  
l'administration d'une  
tocolyse



## Association entre l'administration d'une tocolyse après RPMAT et les issues obstétricales et néonatales

	Population totale	RPMAT à 26-31 SA	Latence ≥ 12h
	OR (IC 95%)	OR (IC 95%)	OR (IC 95%)
<b>Survie sans morbidité sévère</b>	(n=803)	(n=549)	(n=686)
Pas de tocolyse	Ref	Ref	Ref
Tocolyse	1.01 (0.94-1.09)	1.06 (0.98-1.15)	1.01 (0.93-1.10)
<b>Durée de latence ≥ 48h</b>	(n=803)	(n=549)	(n=686)
Pas de tocolyse	Ref	Ref	Ref
Tocolyse	1.03 (0.95-1.11)	1.04 (0.95-1.14)	1.05 (0.97-1.13)
<b>Chorioamnionite histologique ou funiculite</b>	(n=494)*	(n=323)*	(n=429)*
Pas de tocolyse	Ref	Ref	Ref
Tocolyse	1.03 (0.92-1.17)	1.03 (0.88-1.19)	1.05 (0.92-1.20)

\* Analyse restreinte aux histologies placentaires réalisées.

## Discussion

- **Forces**
  - Cohérence des différentes analyses
  - Large population proche de la réalité clinique et des pratiques actuelles
  - Critère de jugement principal = pronostic néonatal
- **Limites**
  - Données observationnelles → score de propension
  - Troncature à droite  $\geq 35$ SA → restriction aux RPMAT  $< 33$ SA
- **Conclusion**
  - Pas de bénéfice néonatal ou obstétrical
  - Peu de différence entre les groupes : traitement inefficace?
  - Effets secondaires potentiels
  - Pas d'argument pour recommander ce traitement



## Perspectives : essai TOCOPROM

Investigateur principal :  
Gilles Kayem

Responsable  
scientifique et  
coordinatrice :  
Elsa Lorthé

Méthodologiste :  
Pierre-Yves Ancel

Financement :  
PHRC-N 2016 (1,2 M€)

- Essai randomisé contrôlé en double aveugle : Nifedipine vs placebo pendant 48h en cas de RPMAT entre 22<sup>0/7</sup> et 33<sup>6/7</sup>SA
- Critères de jugement
  - Principal : morti-morbidité périnatale
  - Secondaires : prolongation de la grossesse, morbidité néonatale mineure, morbidité maternelle
- Inclusions
  - N=850
  - 28 centres
  - 3,5 ans (à partir de janvier 2019)

# Merci

10

- EPIPAGE2 : la coordination nationale, les responsables scientifiques, les coordinateurs régionaux, les cliniciens, les familles et les enfants, le groupe obstétrique
- Equipe EPOPé, INSERM U1153
- ED 393
- Contrat doctoral de l'UPMC

Tocolyse :

Variables incluses dans le SP :

- AG à la RPMAT, moment de la RPMAT (avant/pendant hospitalisation), transfert in utero, contractions à l'admission,
- Caractéristiques maternelles (pays, âge),
- Prise en charge obstétricale (type de centre, corticothérapie, antibiothérapie),
- Caractéristiques fœtales (sexe, présentation, zscore du poids de naissance <3<sup>e</sup> percentile)

**TABLE 1****Maternal, obstetric, and center characteristics without and with tocolysis administration after preterm premature rupture of membranes**

Characteristics	No tocolysis (n = 207)	Tocolysis (n = 596)	Pvalue
<b>Maternal characteristics</b>			
Age, y, median (IQR) (n = 802)	30 (26–39)	29 (26–33)	.11
Born in France or Europe (n = 786)	149 (75.9)	463 (78.7)	.56
Married (n = 787)	173 (89.9)	521 (90.5)	.83
Primiparity (n = 797)	98 (48.4)	280 (51.9)	.54
<b>Obstetric characteristics and management</b>			
PPROM before hospitalization (n = 803)	155 (81.3)	515 (88.3)	.04
Contractions at admission (n = 759)	71 (33.0)	249 (44.1)	.05
Gestational age at PPRM, WG (n = 803), median (IQR)	30 (27–32)	30 (27–31)	.83
Latency duration, d, median (IQR) (n = 787)	6 (2.0–12.0)	5 (1.9–11.5)	.26
Gestational age at birth, WG (n = 803), median (IQR)	31 (29–33)	31 (29–32)	.99
In utero transfer (n = 803)	72 (27.4)	415 (63.3)	< .001
Antibiotics (n = 803)	193 (95.8)	579 (97.0)	.43
Antenatal steroids (n = 803)	179 (89.0)	552 (89.0)	.99
Magnesium sulfate (n = 787)	10 (3.2)	34 (4.0)	.53
Type of labor (n = 801)			.002
Spontaneous labor	101 (42.4)	357 (61.4)	
Induction of labor	25 (18.9)	32 (8.1)	
Cesarean delivery before labor	80 (38.7)	206 (30.5)	

**TABLE 1****Maternal, obstetric, and center characteristics without and with tocolysis administration after preterm premature rupture of membranes**

Characteristics	No tocolysis (n = 207)	Tocolysis (n = 596)	Pvalue
Mode of delivery (n = 798)			.11
Vaginal delivery	94 (44.2)	300 (55.9)	
Cesarean delivery before labor	80 (38.8)	206 (30.6)	
Cesarean delivery during labor	31 (17.0)	87 (13.5)	
Cephalic presentation (n = 785)	134 (73.7)	413 (72.4)	.79
Male fetus (n = 803)	116 (57.9)	325 (54.3)	.51
Birthweight $\leq$ third percentile of the normalized z-score (n = 802)	18 (8.4)	35 (5.4)	.26
Clinical chorioamnionitis (n = 792)	16 (4.7)	40 (5.6)	.59
<b>Maternity unit characteristics</b>			
Type of maternity unit (n = 803)			.30
Type 1 (no neonatal department)	2 (2.0)	4 (0.4)	
Type 2 (with neonatal department)	30 (20.6)	56 (23.2)	
Type 3 (with neonatal intensive care department)	175 (77.4)	536 (76.4)	

Data are n (percentage) unless indicated. Percentages are weighted by recruitment period. The 2 groups were compared by a Mann-Whitney *U* test for medians and a  $\chi^2$  or Fisher exact test for categorical variables.

IQR, interquartile range; PPRM, preterm premature rupture of membranes; WG, weeks gestation.

Lorthe et al. Tocolysis after PPRM and neonatal outcome. *Am J Obstet Gynecol* 2017.

TABLE 2

**Survival without severe morbidity, latency prolonged by  $\geq 48$  hours and histological chorioamnionitis without and with tocolysis administration after PPROM**

Outcome GA at PPROM, wks	Total n/N, %	No tocolysis n/N, %	Tocolysis n/N, %	Pvalue
Survival without severe morbidity	619/785 (85.9 <sup>a</sup> )	156/207 (83.9 <sup>a</sup> )	463/596 (86.7 <sup>a</sup> )	.39
24–26	150/262 (62.4)	36/67 (56.3)	114/195 (64.3)	.26
27–29	226/258 (89.0)	57/63 (92.1)	169/195 (88.0)	.35
30–32	243/265 (93.5)	63/73 (89.2)	180/192 (95.2)	.14
Latency prolonged by $\geq 48$ h	597/803 (75.7 <sup>a</sup> )	147/207 (77.4 <sup>a</sup> )	450/596 (75.1 <sup>a</sup> )	.59
24–26	220/272 (83.6)	52/69 (76.9)	168/203 (85.7)	.09
27–29	215/262 (84.1)	49/64 (80.4)	166/198 (85.4)	.35
30–32	162/269 (68.4)	46/74 (76.2)	116/195 (65.4)	.15
Histological chorioamnionitis or funisitis	280/494 <sup>b</sup> (49.5 <sup>a</sup> )	66/120 (47.6 <sup>a</sup> )	214/374 (50.0 <sup>a</sup> )	.73
24–26	130/198 (63.9)	33/49 (68.2)	97/149 (62.6)	.50
27–29	96/162 (56.3)	20/35 (57.1)	76/127 (56.1)	.92
30–32	54/134 (37.0)	13/36 (32.8)	41/98 (38.5)	.65

The 2 groups were compared by the  $\chi^2$  or Fisher exact test.

GA, gestational age; PPROM, preterm premature rupture of membranes.

<sup>a</sup> Percentages are weighted by recruitment period; <sup>b</sup> Among the histological examinations carried out.

Lorthe et al. Tocolysis after PPROM and neonatal outcome. *Am J Obstet Gynecol* 2017.



TABLE 3

**Association between tocolysis administration after PPRM and survival without severe morbidity, latency prolonged by  $\geq 48$  hours and histological chorioamnionitis after inverse probability of treatment weighting**

Outcome	Whole population	PPROM at 26–31 WG	Latency $\geq 12$ h
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Survival without severe morbidity <sup>a</sup>	(n = 803) <sup>b</sup>	(n = 549) <sup>b</sup>	(n = 686) <sup>b</sup>
No tocolysis	Reference	Reference	Reference
Tocolysis	1.01 (0.94–1.09)	1.06 (0.98–1.15)	1.01 (0.93–1.10)
Latency prolonged by $\geq 48$ h <sup>c</sup>	(n = 803) <sup>b</sup>	(n = 549) <sup>b</sup>	(n = 686) <sup>b</sup>
No tocolysis	Reference	Reference	Reference
Tocolysis	1.03 (0.95–1.11)	1.04 (0.95–1.14)	1.05 (0.97–1.13)
Histological chorioamnionitis or funisitis <sup>d</sup>	(n = 494) <sup>e</sup>	(n = 323) <sup>e</sup>	(n = 429) <sup>e</sup>
No tocolysis	Reference	Reference	Reference
Tocolysis	1.03 (0.92–1.17)	1.03 (0.88–1.19)	1.05 (0.92–1.20)

CI, confidence interval; OR, odds ratio; PPRM, preterm premature rupture of membranes; WG, weeks gestation.

<sup>a</sup> Covariates used to estimate the propensity score: type of maternity unit, country of mother's birth, maternal age, gestational age at PPRM, PPRM before hospitalization, presence of contractions at admission, in utero transfer, antenatal steroids, antibiotics, fetal sex, presentation, and birthweight less than the third percentile of the normalized z-score; <sup>b</sup> Obtained after multiple imputations;

<sup>c</sup> Covariates used to estimate the propensity score: type of maternity unit, maternal age, gestational age at PPRM, PPRM before hospitalization, presence of contractions at admission, in utero transfer, antenatal steroids, antibiotics, fetal sex, presentation, and birthweight less than the third percentile of the normalized z-score; <sup>d</sup> Covariates used to estimate the propensity score: type of maternity unit, maternal age, gestational age at PPRM, PPRM before hospitalization, presence of contractions at admission, in utero transfer, antenatal steroids, antibiotics, and presentation;

<sup>e</sup> For performed placental examination.

Lorthe et al. Tocolysis after PPRM and neonatal outcome. *Am J Obstet Gynecol* 2017.

APPENDIX TABLE 1

## Detailed neonatal outcomes without and with tocolysis administration

Outcome GA at PPRM, wks	Total n/N, % <sup>a</sup>	No tocolysis n/N, % <sup>a</sup>	Tocolysis n/N, % <sup>a</sup>	Pvalue
Survival at discharge	718/803 (93.9)	182/207 (93.4)	536/596 (94.2)	.62
24–26	202/272 (77.4)	48/69 (71.2)	154/203 (79.3)	.16
27–29	249/262 (95.6)	61/64 (96.1)	188/198 (95.4)	.81
30–32	267/269 (99.7)	73/74 (99.4)	194/195 (99.8)	.50
Early-onset sepsis <sup>b</sup>	31/766 (3.4)	9/193 (4.4)	22/573 (3.0)	.49
24–26	10/242 (3.7)	2/57 (3.2)	8/185 (3.8)	.82
27–29	11/259 (5.2)	4/64 (5.2)	7/195 (5.2)	.99
30–32	10/265 (2.4)	3/72 (4.3)	7/193 (1.6)	.23
Severe cerebral lesion <sup>c,d</sup>	32/717 (3.5)	11/182 (4.8)	21/535 (3.0)	.34
24–26	15/202 (6.3)	6/48 (11.2)	9/154 (5.0)	.11
27–29	8/248 (2.8)	3/61 (4.1)	5/187 (2.4)	.47
30–32	9/267 (2.9)	2/73 (3.7)	7/194 (2.6)	.72
Severe bronchopulmonary dysplasia <sup>e</sup>	30/699 (2.4)	4/177 (1.3)	26/522 (2.8)	.13
24–26	21/190 (9.2)	3/45 (6.6)	18/145 (9.9)	.51
27–29	7/246 (2.5)	0/60 (0.0)	7/186 (3.4)	.13
30–32	2/263 (0.3)	1/72 (0.6)	1/191 (0.2)	.50
Necrotizing enterocolitis <sup>e</sup>	16/716 (2.2)	6/182 (3.5)	10/534 (1.8)	.32
24–26	4/200 (1.9)	1/48 (1.9)	3/152 (1.9)	.98
27–29	4/249 (1.4)	0/61 (0.0)	4/188 (1.9)	.24
30–32	8/267 (2.7)	5/73 (5.4)	3/194 (1.7)	.19
Retinopathy of prematurity <sup>f</sup>	7/718 (0.5)	2/182 (0.7)	5/536 (0.5)	.63
24–26	6/202 (2.6)	1/48 (2.5)	5/154 (2.6)	.99
27–29	0/246 (0.0)	0/61 (0.0)	0/188 (0.0)	—
30–32	1/267 (0.2)	1/73 (0.6)	0/194 (0.0)	.11

GA, gestational age; PPRM, preterm premature rupture of membranes.

<sup>a</sup> Percentages are weighted by recruitment period. <sup>b</sup> Among infants transferred to a neonatal intensive care unit; <sup>c</sup> Among infants alive at discharge; <sup>d</sup> Severe cerebral lesion include grade III intraventricular hemorrhage, intraparenchymal hemorrhage, or cystic periventricular leukomalacia.

Lorthe et al. Tocolysis after PPRM and neonatal outcome. *Am J Obstet Gynecol* 2017.



APPENDIX TABLE 2

**Association between the initial tocolytic drug after PPROM and survival without severe morbidity, latency prolonged by  $\geq 48$  hours, and histological chorioamnionitis after inverse probability of treatment weighting**

Outcome	Oxytocin receptor antagonists	Calcium-channel blockers
	OR (95% CI)	OR (95% CI)
Survival without severe morbidity <sup>a</sup>	(n = 474) <sup>b</sup>	(n = 494) <sup>b</sup>
No tocolysis	Reference	Reference
Tocolysis	1.01 (0.92–1.11)	1.03 (0.96–1.11)
Latency prolonged by $\geq 48$ h <sup>c</sup>	(n = 474) <sup>b</sup>	(n = 494) <sup>b</sup>
No tocolysis	Reference	Reference
Tocolysis	0.97 (0.88–1.07)	1.06 (0.97–1.14)
Histological chorioamnionitis or funisitis <sup>d</sup>	(n = 289) <sup>d</sup>	(n = 297) <sup>d</sup>
No tocolysis	Reference	Reference
Tocolysis	1.06 (0.92–1.23)	1.05 (0.93–1.18)

CI, confidence interval; OR, odds ratio; PPROM, preterm premature rupture of membranes.

<sup>a</sup> Covariates used to estimate the propensity score: type of maternity unit, country of mother's birth, maternal age, gestational age at PPROM, PPROM before hospitalization, presence of contractions at admission, in utero transfer, antenatal steroids, antibiotics, fetal sex, presentation, and birthweight less than the third percentile of the normalized z-score; <sup>b</sup> Obtained after multiple imputations;

<sup>c</sup> Covariates used to estimate the propensity score: type of maternity unit, maternal age, gestational age at PPROM, PPROM before hospitalization, presence of contractions at admission, in utero transfer, antenatal steroids, antibiotics, fetal sex, presentation, and birthweight less than the third percentile of the normalized z-score; <sup>d</sup> For performed placental examination; <sup>e</sup> Covariates used to estimate the propensity score: type of maternity unit, maternal age, gestational age at PPROM, PPROM before hospitalization, presence of contractions at admission, in utero transfer, antenatal steroids, antibiotics, and presentation.

Lorthe et al. Tocolysis after PPROM and neonatal outcome. *Am J Obstet Gynecol* 2017.

APPENDIX TABLE 3

**Association between tocolysis administration after PPRM and survival without severe morbidity, latency prolonged by  $\geq 48$  hours, and histological chorioamnionitis in women admitted directly after PPRM with and without contractions**

Outcome	With uterine contractions at admission	Without uterine contractions at admission
	OR (95% CI)	OR (95% CI)
Survival without severe morbidity <sup>a</sup>	(n = 115) <sup>b</sup>	(n = 135) <sup>b</sup>
No tocolysis	Reference	Reference
Tocolysis	1.10 (0.95–1.27)	1.08 (0.96–1.22)
Latency prolonged by $\geq 48$ h <sup>c</sup>	(n = 115) <sup>b</sup>	(n = 135) <sup>b</sup>
No tocolysis	Reference	Reference
Tocolysis	1.15 (0.97–1.37)	1.04 (0.92–1.17)
Histological chorioamnionitis or funisitis <sup>d</sup>	(n = 67) <sup>e</sup>	(n = 79) <sup>e</sup>
No tocolysis	Reference	Reference
Tocolysis	1.00 (0.76–1.30)	1.07 (0.88–1.30)

CI, confidence interval; OR, odds ratio; PPRM, preterm premature rupture of membranes.

<sup>a</sup> Covariates used to estimate the propensity score: type of maternity unit, country of mother's birth, maternal age, gestational age at PPRM, antenatal steroids, antibiotics, fetal sex, presentation, birthweight less than the third percentile of the normalized z-score; <sup>b</sup> Obtained after multiple imputations; <sup>c</sup> Covariates used to estimate the propensity score: type of maternity unit, maternal age, gestational age at PPRM, antenatal steroids, antibiotics, fetal sex, presentation, and birthweight less than the third percentile of the normalized z-score; <sup>d</sup> Covariates used to estimate the propensity score: type of maternity unit, maternal age, gestational age at PPRM, antenatal steroids, antibiotics, and presentation; <sup>e</sup> For performed placental examination.

Lorthe et al. Tocolysis after PPRM and neonatal outcome. *Am J Obstet Gynecol* 2017.