



CORRELATION BETWEEN AMNIOTIC FLUID INDEX AT ADMISSION AND INTRAPARTUM FOETAL WELLBEING IN WOMEN WITH PRE-LABOUR RUPTURE OF MEMBRANES AT TERM

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Context: It is not uncommon to find women reporting to labour ward with ruptured membranes much before start of labour uterine contractions. The resulting reduction in amniotic fluid volume in cases with PROM will lead to compromised perinatal outcome. Measurement of amniotic fluid index (AFI) or volume forms an important and influential component of antepartum foetal surveillance through biophysical profiling. **Objective:** To evaluate measurement of Amniotic Fluid Index (AFI) at admission as a predictor of intrapartum foetal compromise in women with pre-labour rupture of membrane (PROM). **Material and Methods:** Sonographic record of AFI was made on singleton pregnancies at early and full term admitted in early labour with PROM. The clinical team treating the cases was not aware of the admission AFI values. The labour outcome was studied with respect to the AFI values to find out influence of duration of rupture of membranes (DROM) on intrapartum foetal status, neonatal outcome and infective morbidity. **Results:** Higher proportion of cases with non-reassuring foetal status (NRFS) was found when admission AFI was less than 5 cm. No baby with low Apgar was born to women recording admission AFI of at least 8 cm. NRFS was not influenced by DROM or period of gestation. High specificity (82%) and negative predictive value (81.9%) was found with low AFI for NRFS. **Conclusion:** AFI at admission in women with PROM is not a sensitive determinant to predict occurrence of intrapartum foetal compromise. But, AFI less than 5 cm is associated with higher incidence of NRFS in primipara, women aged between 20 to 25 years, or those receiving oxytocin.

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