Chorioamnionitis

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The high perinatal mortality figures in women with chorioamnionitis have led to Obstetrical judgments in the United States, which may not be justified. Because of the concern about these survival figures, many Obstetrical services set short time limits when chorioamnionitis occurs and have the infant delivered by cesarean section if necessary. Based upon animal studies, there is an additional concern about the stress *in utero* to the fetus of the febrile mother.

Because of our interest in intra-partum monitoring at the University of Southern California, we embarked upon a different approach to such women. We determined to intensely monitor their labors and deliver those infants who showed evidence of stress by periodic heart rate changes or acidosis on fetal scalp sampling. In addition, other Obstetrical indications such as 'failure to progress' would be a reason for cesarean section. The results were surprising. Most of the women evaluated had term infants. (See Table I).

TABLE I

Chorioamnionitis - Infant Size

Fetal Weight	Number
1001 - 1500 Grams	3
1501 - 2000 Grams	6
> 2000 Grams	133

The results were very good. Less than half the mothers required Cesarean section, and the vast majority of these were for failure to progress. (See Table II).

TABLE II

Chorioamnionitis - Newborn Outcome

	Cesarean Section	Vaginal Delivery
Total	61	81
Apgar < >	9 (14.8%)	4 (4.9%)
Mortality	1 (1.6%)	3 (3.7%)
Infectious Morbidity	3 (5%)	1 (1.3%)

The perinatal mortality rate was 28/1000, which was remarkably close to our overall rate during this time frame. This suggests that it is feasible to monitor these infants during labor, while giving systemic antibiotics to the mother.

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