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LETTER TO THE EDITOR

Chorioamnionitis and Contraction Monitoring

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Dear Dr. Papageorghiou,

We have read with great interest the article 'Intrauterine Contraction Monitoring in Chorioamnionitis: A Secondary, Blinded Analysis of a Randomised Controlled Trial Cohort' [1]. The study provides valuable insights into the impact of chorioamnionitis on uterine activity by comparing the effectiveness of intrauterine versus external tocodynamometry monitoring. The findings are valuable for refining clinical practices in managing women when their labour is complicated by infection.

Although the study focuses on neonatal outcomes and uterine activity, it does not adequately discuss the maternal risks associated with the prolonged use of intrauterine monitoring, especially in the presence of chorioamnionitis. The use of intrauterine pressure catheters (IUPC) could increase the risk of infection or uterine trauma; potential maternal complications, such as postpartum infection or uterine perforation, are not assessed [2]. Additionally, the study identifies a link between prolonged labour and the use of IT, yet it does not address how prolonged labour itself impacts maternal and neonatal outcomes, particularly in the context of infection. Prolonged labour is known to increase the likelihood of caesarean delivery, postpartum haemorrhage and other maternal complications. Understanding how the duration of labour interacts with chorioamnionitis and how it influences clinical decisions on delivery would add important context to the findings.

Oxytocin administration did not show a linear relationship with uterine activity in the chorioamnionitis group. Given that chorioamnionitis is associated with reduced uterine responsiveness, clinicians may need to adjust oxytocin dosing or consider alternative strategies like amniotomy or tocolytics [3]. Finally, placental histology was not assessed, which is a significant limitation in understanding the full impact of chorioamnionitis—the severity of the infection and its correlation with uterine dysfunction and neonatal outcomes [4].

Thank you for considering our feedback. We look forward to further developments in this important area of obstetric care.

Author Contributions

Mengxia Qi: study design and manuscript writing. Xiangying Yang: study design and manuscript revision.

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The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The authors have nothing to report.

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References

1. M. Juhantalo, T. Hautakangas, O. Palomäki, and J. Uotila, "Intrauterine Contraction Monitoring in Chorioamnionitis: A Secondary, Blinded Analysis of a Randomised Controlled Trial Cohort," *BJOG* 132, no. 6 (2025): 795–804, https://doi.org/10.1111/1471-0528.18076.

2. N. Mokhtari, T. Wang, A. DiSciullo, S. N. Iqbal, and T. Kawakita, "Intraamniotic Infection Rates After Intrauterine Pressure Catheter

With and Without Amnioinfusion," *American Journal of Perinatology* 38 (2021): 212–217.

3. E. Jung, R. Romero, M. Suksai, et al., "Clinical Chorioamnionitis at Term: Definition, Pathogenesis, Microbiology, Diagnosis, and Treatment," *American Journal of Obstetrics and Gynecology* 230 (2024): S807–S840.

4. D. Roberts, O. Aisagbonhi, and M. M. Parast, "Incorporating Placental Pathology Into Clinical Care and Research," *Trends in Molecular Medicine* 30 (2024): 1103–1112.