Objective
Determine obstetric and perinatal outcomes in pregnancies with premature rupture of membranes (PROM) before 25 weeks and their incidence according to gestational age at diagnosis at the Hospital Luis Tisné.

Methods
A retrospective study was conducted of all pregnancies with a diagnosis of PROM occurring before 25 weeks and with an intrahospital management for more than 7 days between January 2013 and December 2017.

Results
53 pregnancies were admitted, of which 36 pregnancies achieved 7 days of hospitalization and these were analyzed.
Average gestational age (EG) of 20 + 4 weeks (range 15 + 1 - 24 + 6 weeks), of which 23 (63%) had an RPM < 22 weeks and 13 (37%) over 22 weeks, 29 (80%) were born alive. Of pregnancies < 22 weeks, 10 (43%) newborns, were discharge, without major complications. On the other hand, of pregnancies > 22 weeks, 9 (69%) newborns are discharged.

The most commonly reported maternal morbidity was miscarriage in 12 of the patients (40%). Regarding the delivery route of the survivors, 56.25% was a cesarean delivery, and 43.75% vaginal delivery. Regarding comorbidities, it should be noted that of the pregnancies under 22 weeks, 100% had hyaline membrane disease, in less than 50%, the newborns presented pulmonary hypoplasia, bronchopulmonary dysplasia, intraventricular hemorrhage, necrotising enterocolitis, retinopathy of prematurity.

Conclusion
- 80% (29 patients) of the pregnancies were born alive. Of these patients, 65.5% (19), survived at discharge.
The group over 22 weeks shows the highest percentages of survival. However we have patients with PROM having less than 22 weeks were discharged without major complications.