PPROM <23 weeks

Assessment
Confirm gestation
Document obstetric, medical, surgical & social history
Identify & document risk factors
Document maternal & fetal observations

Confirm rupture of membranes
If liquor seen on pad, note colour, odour, quantity
If liquor not seen on pad, undertake sterile speculum examination
If liquor not seen pooling, confirm with amnisure/amnistix/al-sense
Take LVS and HVS

Antibiotic prophylaxis
Benzylpenicillin 3 g IV loading dose, then 1.8g IV every four hours for 48 hours
If allergic to penicillin: clindamycin 900mg IV in 50 – 100 ml over at least 20 minutes every 8 hours
Oral erythromycin 250mg 4 times a day for 10 days

In established labour?
Yes
Prepare for birth
Provide counselling for woman & family
Offer referrals to social work, spiritual care & pastoral care

No
Suspected sepsis/chorioamnionitis?
Significant APH?
Yes
Active management
IOL – See IOL eHandbook page

No
Expectant management
Continue antibiotics
US examination for fetal growth & wellbeing
Weekly HVS
Bi-weekly FBE & CRP
Daily auscultation of FHR

Consult with PIPER: 1300 137 650
If in a Level 6 service, consult with neonatologist
Provide counselling to woman, partner & family
Discuss & document parents wishes

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