PPROM 34⁺⁰⁻36⁺⁶

**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** – commence IV & oral ABx simultaneously
- 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**
- Aim for in-utero transfer when possible
- Contact PIPER: 1300 137 650
- See Preterm Labour eHandbook page
- Consider:
  - Corticosteroids if ≤36⁺⁶ weeks

**No**
- Suspected sepsis/chorioamnionitis?
  - Significant APH?
  - GBS+ and ≥36⁺⁰⁻40
    - Yes
      - Active management
      - IOL – See IOL eHandbook page
      - Caesarean section
    - No
      - Expectant management
      - US examination for fetal growth & wellbeing
      - Await spontaneous labour until 37 weeks
      - Antibiotic prophylaxis during labour? Daily CTG

Consult with PIPER: 1300 137 650
If in a Level 6 service, consult with neonatologist
If available, consult with paediatrician
Provide counselling to woman, partner & family

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