PPROM 23⁺⁰−33⁺⁶

**Assessment**
- Confirm gestation
- Document obstetric, medical, surgical and 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 and oral ABx simultaneously
- Benzylpenicillin 3 g IV loading dose, then 1.8 g IV every four hours for 48 hours
- If allergic to penicillin: clindamycin 900 mg IV in 50–100 ml over at least 20 minutes every 8 hours
- Oral erythromycin 250 mg 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

- **No**
  - **Suspected sepsis/chorioamnionitis?**
    - **Yes**
      - Active management
        - IOL – See IOL eHandbook page
        - Caesarean section
    - **No**
      - Expectant management
        - US examination for fetal growth & wellbeing
        - Continue antibiotics
        - BD maternal observations
        - Weekly HVS
        - Daily x 3 then bi-weekly FBE & CRP ≥28/40 – Daily CTG
        - <28/40 Daily auscultation of FHR

- **Significant APH?**
  - **Yes**
    - Tocolysis
    - Corticosteroids
    - MgSO₄ if <30 weeks
  - **No**
    - Provide counselling for woman & family
    - Orientate woman & family to SCN/NICU if time allows
    - Offer referrals to social work, spiritual care & pastoral care