

Maternity Guideline for the Management of Preterm Pre-labour Rupture of the Membranes (Under 37 Weeks)

A Clinical Guideline

For use in:	Maternity Services
By:	All Clinical Maternity Staff
For:	Pre-term pre-labour rupture of membranes under 37 weeks
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Name of document author:	Vennila Palaniappan
Job title of document author:	Locum Consultant
Name of document author's Line Manager:	Richard Smith
Job title of author's Line Manager:	Chief of Service Obstetrics
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If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
6	26/06/2020	Brand of swab used has changed	Vennila Palaniappan

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Background

PPROM happens in up to 3% of pregnancy and is associated with 10-40% preterm births.

The risk of delivering a preterm baby must be weighed against the risk of ascending uterine infection and prolonged oligohydramnios.

Women presenting with a History of Preterm, Prelabour Rupture of Membranes:

On admission (see also AmniSure guideline [Trustdocs ID 8893](#))

1. Confirm diagnosis by sterile speculum examination and send HVS. If liquor is not seen, please follow the above guideline on the AmniSure test. Do not do a digital vaginal examination. Do not do AmniSure if liquor is seen.
2. If the above test are negative patient is advised to wear a pad / watch for symptoms of rupture membranes and advised to report if she notices continued PV loss for repeat assessment
3. Exclude clinical evidence of infection. (Temp, pulse rate, uterine tenderness, vaginal discharge, fetal tachycardia).
4. Assess fetal well-being with a CTG recommended from 28 weeks gestation
5. Check presentation of fetus by V scan
6. Perform bloods : FBC and CRP, if indicated G&S
7. Inform NICU and ensure that the senior resident obstetrician is aware.
8. Women with PPROM should have opportunities to meet the neonatologist to discuss care of their babies,

Inpatient Conservative management unless contraindicated

1. Admit for observation for 24-48 hours.
2. If under 34 weeks give betamethasone 12 mg. IM stat. and repeat 24 hours later or Dexamethasone phosphate 12 mg im stat and repeat 24 hours later . Steroids can also be considered up to 35+6 weeks gestation (NICE 2015)
3. Prescribe Erythromycin 250 milligrams qds for ten days or until established labour, whichever is sooner (unless genuinely allergic, in which case consider Amoxicillin 500mg qds).
4. Do not use tocolysis as it is shown to increase risk of chorioamnionitis
5. In established labour use Magnesium Sulphate for neuroprotection if <30 weeks gestation (see guideline on preterm birth)
6. Offer emotional support to couples affected by the condition of PPROM, due to high risk of developing post-traumatic stress disorder.

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Outpatient Conservative Management in appropriate cases: this is the minimum expected management. Further monitoring at the request of medical staff

1. Temperature four times daily. Thermometers will be given to patients in “PPROM packs” on Cley ward.
2. Weekly WCC and C-reactive Protein with CTG
3. Delivery will usually be timed at the 37 week gestation unless indicated sooner. **If GBS** colonisation is found induction of labour recommended after 34 weeks, depending on the clinical assessment and patient preferences
4. Women should be advised to contact the hospital urgently if they notice symptoms of infection (fever, malaise, malodour or reduced fetal activity) or any temperature >37.0 (this temperature, as opposed to 37.5, is recommended to ensure patients contact a healthcare professional early).
5. Women should be given a copy of the patient information leaflet **Pre-Term Pre-Labour Rupture of Membranes (Waters Breaking)** [Trustdocs ID 14218](#)

Contraindications to starting or continuing conservative management

1. Evidence of maternal or fetal infection
2. Evidence of fetal compromise on CTG or ultrasound scan

Acknowledgement:

This guideline has been produced in collaboration with the neonatologists. Dr Catherine Tremlett provided advice for the revised edition.

References:

1. Royal College of Obstetricians and Gynaecologists. *Care of Women Presenting with Suspected Preterm Prelabour Rupture of Membranes from 24+0 Weeks of Gestation*. Green Top Guideline No. 73 London: RCOG Press; 2019
2. National Institute for Health and Care Excellence. *Pre-term labour and Birth*. NG25. London. November 2015