

# Management of preterm rupture of membranes

**PRESENTATION**

- i. Sudden leakage of amniotic fluid, which may be intermittent or continuous.
- ii. Feeling of wetness. - sensation of inability to stop urination

**HISTORY**

**EXAMINATION**

- o Check for pooling of amniotic fluid
- o Check for leakage of amniotic fluid from cervical os with coughing or fundal pressure
- o Perform speculum examination for evidence of cervical dilatation under strict aseptic conditions.
- o Perform ultrasonography for amniotic fluid index

**IF PROM NOT CONFIRMED**

- Discharge patient home after observing for 24 hours
- Fetal heart tracing is normal
  - No evidence of Preterm labour

**IF PROM CONFIRMED**

- Look for evidence of
- o Intra-amniotic infection
  - o Non-reassuring fetal heart tracing
  - o Abruption
  - o Cord prolapse
  - o Active labour.

VOG decision. Depending on maturity & neonatal facilities

No

Yes

To deliver

Manage conservatively

Send to unit with better neonatal facilities

**Management in specialist units**

**24 TO 31 WEEKS OF GESTATION**

- Administer corticosteroids
- Administer antibiotics
- Deliver at 34 weeks if lung maturity is indicated by amniocentesis(Z)

**32 TO 34 WEEKS OF GESTATION**

- Administer corticosteroids
- Administer antibiotics
- Consider amniocentesis(Z)

**34 TO 36 WEEKS OF GESTATION**

- Administer antibiotics for GBS prophylaxis
- Steroid therapy - optional

Management depending on the condition

Send to unit with better neonatal facilities when necessary

**Delivery**

Documentation Mandatory