

Maternity and Newborn Network



PPROM 23⁺⁰-33⁺⁶ PPROM 23¹⁰-33¹⁶ Assessment Confirm gestation Document obstetric, medical, surgical and social history Identify & document risk factors Document maternal & fetal observations Consult with PIPER: 1300 137 650 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 No Suspected sepsis/chorioamnionitis? See Prepare for birth Preterm Labour Significant APH? or transfer eHandbook page Provide counselling Consider: Contact PIPER: for woman & family 1300 137 650 No Orientate woman & family to SCN/NICU Tocolysis if time allows Active Expectant management Offer referrals to management social work, spiritual Corticosteroids IOL - See IOL care & pastoral care eHandbook page US examination for fetal growth & wellbeing Caesarean section MgSO₄ if Continue antibiotics <30 weeks BD maternal observations Weekly HVS Daily x 3 then bi-weekly FBE & CRP Printed copies of this document may not be the most recent version. ≥28/40 - Daily CTG

<28/40 Daily

auscultation of FHR

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