Term PROM

PROM ≥37° weeks

Assessment
Confirm gestation, presentation & engagement of presenting part
Document obstetric, medical, surgical & social history
Identify & document obstetric 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
If liquor not seen & diagnostic tool not available, admit for ongoing pad checks to confirm/rule out ROM
Take LVS/HVS as indicated

Membranes intact?
Discharge home
Continue pregnancy care as planned

Membranes ruptured?
CTG to assess fetal wellbeing

Risk factors?
Abnormal CTG
GBS positive
Suspected sepsis/chorioamnionitis
Previous baby with EOGBSD
Febrile
Abnormal PV loss
Uterine tenderness
Mobile presenting part
Malpresentation

No risk factors
Discuss risk & benefits of expectant management and active management
Provide written information

Active management
See IOL guideline
Commence IV antibiotic prophylaxis

Expectant management
Discuss inpatient/outpatient management plan with woman
4-hourly observations of temperature, PV loss, fetal movement & uterine activity when awake
Ensure woman understands normal & abnormal parameters & knows to report abnormal observations
Avoid vaginal intercourse
Admit for active management if labour not established 24 hours after PROM
For intrapartum IV antibiotics as per Active management

Antibiotics for GBS+ or ROM>18hrs
IV Benzylpenicillin 3g loading dose, continuing 1.8g every 4 hours
Penicillin hypersensitivity with no history of anaphylaxis:
IV Cephalozolin 2g loading dose, then
IV Cephalozolin 1g 8-hourly
Penicillin allergy with history of anaphylaxis:
IV Clindamycin 900mg 8-hourly

Antibiotics for suspected sepsis/chorioamnionitis
IV Amoxicillin 2g loading dose, continuing 1g every 6 hours
AND
IV Gentamycin 5mg/kg daily
AND
IV Metronidazole 500mg every 12 hrs
If penicillin allergy
IV Clindamycin 900mg every 8 hrs

Active management
See IOL guideline
Commence IV antibiotic prophylaxis

Risk factors?
Active management
See IOL guideline
Commence IV antibiotic prophylaxis 18 hours after ROM

Expectant management
Discuss inpatient/outpatient management plan with woman
4-hourly observations of temperature, PV loss, fetal movement & uterine activity when awake
Ensure woman understands normal & abnormal parameters & knows to report abnormal observations
Avoid vaginal intercourse
Admit for active management if labour not established 24 hours after PROM
For intrapartum IV antibiotics as per Active management

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