

VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM) GUIDELINES

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

A clinical history suggestive of PPRM should be confirmed by visual inspection and confirmatory tests (pooling, nitrazine, and ferning). The management of women with PPRM is based upon consideration of gestational age, the presence or absence of maternal or fetal infection, the presence or absence of labor, the stability of the fetal presentation and fetal heart rate tracing pattern, the probability of fetal lung maturity, and cervical status. For women with PPRM in whom intrauterine infection, abruption placentae, repetitive fetal heart rate decelerations, or a high risk of cord prolapse is present or suspected, expeditious delivery is recommended. In the absence of these conditions, the following management scheme is recommended. This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

PPROM 24-32 weeks

1. Betamethasone 12mg IM q24 hours times 2 doses
2. Antibiotics
 - a. Azithromycin 1gm PO as a single dose
 - b. Ampicillin 2gm IV q6hr for 48 hrs followed by Amoxicillin 500mg PO q 8hrs to complete a seven day course
3. Magnesium Sulfate 4 gms IV as a single dose for neuroprotection
4. If contractions begin and tocolysis needed:
 - a. Indomethacin 50mg PO loading dose then 25mg PO q 6 hrs for 48 hrs
 - b. Nifedipine is a second option if contra-indications to Indomethacin present. Dose 20mg PO followed by 10-20mg PO q 4-6 hrs
5. Culture for group B Strep (GBS) on admission and treatment for positive GBS (or unknown GBS status) at the time of labor

PPROM 32-34 weeks

1. Betamethasone as above
2. Antibiotics as above
3. No Magnesium for neuroprotection
4. No tocolysis
5. Culture for group B Strep on admission and treatment for positive GBS (or unknown GBS status) at the time of labor
6. Expectant management without elective delivery until 34 weeks

PPROM 34 weeks or greater- Deliver