PROTOCOL #3 - Maternal Fetal Medicine, University of New Mexico

PRETERM PREMATURE RUPTURE OF MEMBRANES

A. General information

Rupture of membranes prior to 37 weeks of gestation. Diagnosis must be made by visualization of amniotic fluid out of cervical os. Nitrazine paper is of value only in a negative way; that is, it indicates that the membranes are intact. It should not be used as a positive indicator of ruptured membranes. The presence of ferning also suggests ruptured membranes. Ultrasound evaluation of the amniotic fluid provides circumstantial evidence. In certain situations amniocentesis and dye instillation could be appropriate.

B. Management

All patients with PPROM and viable pregnancies must be admitted.

1. If patient is >34 0/7 weeks gestation, consider elective induction, particularly if a vaginal pool indicates fetal maturity. If the fetal ultrasound evaluation suggests uncertainty with the gestational age, it might be appropriate to wait until gestational age can be more reliably ascertained before induction.
2. If patient is <34 0/7 weeks and not in labor or with overt chorioamnionitis:
   a. Expectant treatment: If labor ensues do not use tocolytic agents. Steroids should be used if patient is between 24 and 32 weeks. Ampicillin 2 gms IV and erythromycin 250 mg IV every 6 hours should be given for 48 hours followed by amoxycillin 250 mg p.o. and enteric-coated erythromycin base 333 mg p.o. every 8 hrs for 5 days. If an allergy problem exists, a cephalosporin may be substituted for ampicillin/amoxycillin and metronidazole may be substituted for erythromycin.
   b. Testing for fetal lung maturity. We recommend attempting to obtaina vaginal pool for PG or perform an amniostat assay for maturity weekly beginning at 32 weeks.
   c. Cultures for GBS and Chlamydia should be obtained.
   d. White blood cell count and differential will be performed as indicated.
   e. Above management may be modified if amniocentesis is performed and amniotic fluid is available for maturity and bacterial studies.
   f. Fetal heart rate monitoring should be done daily or more frequently if deemed clinically appropriate.
   g. BPP to be done only if clinically indicated.
   h. Tocolytics could be used to accomplish a maternal transport.
3. If overt chorioamnionitis or maternal sepsis, immediately induce labor. We do not support the use of corticosteroids or tocolytics in this clinical situation.

Outpatient management of PPROM may be considered in previable pregnancies or in unique circumstances. Previable PPROM cases should be managed in consultation with a MFM specialist.

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CONSULTATION: Twenty-four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital. UNM-PALS line.