SMFM Preterm Birth Toolkit

PPROM Algorithm

Society for Maternal-Fetal Medicine

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Preterm Premature Rupture of Membranes (PPROM)
24 0/7 to 33 6/7 weeks of gestation

- Confirm diagnosis: Nitrazine, ferning, pooling of fluid; PAMG-1 in cervicovaginal fluid
- GBS culture

Recommend latency antibiotics: Ampicillin and Erythromycin IV for 2 days, followed by amoxicillin and erythromycin orally x 5 days

Administer one course of antenatal corticosteroids; no evidence for rescue course with PPROM

Serial antenatal testing from the time of diagnosis

Delivery at 34 weeks, earlier with signs of infection, labor, abruption or fetal compromise

Delivery:
GBS prophylaxis if needed
MgSO4 neuroprotection if < 32 weeks

Address Barriers:
- Women with a prior hx of PPROM 20 0/7 to 36 6/7 wks should be offered 17 OHPC to prevent recurrent preterm birth
- Unclear evidence for management in periviable period
- If resuscitation planned at 23 weeks, then give antenatal corticosteroids

Address Barriers:
- Lack of obstetric providers
- Insufficient materials for diagnosis

Address Barriers:
- PCN allergy, nonanaphylaxis: kefzol/keflex
- PCN allergy, anaphylaxis: vancomycin IV then clinda/erythro po

Address Barriers:
*Can administer steroids at 23 weeks if full intervention is desired at this GA.
Disclaimer

This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine's (SMFM's) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

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