## PTB Best Practice Matrix – PPROM

<table>
<thead>
<tr>
<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementation Institution / Location</th>
<th>People implementing it</th>
<th>Target of this practice</th>
<th>How to achieve (specific steps)</th>
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</table>
| All women found to have ruptured membranes from 24-33 6/7 weeks gestation *can consider at 23 weeks gestation if full intervention planned | Women suspected of ruptured membranes should have verification by sterile speculum exam. Ruptured membranes are evidenced by:  
• Leaking of fluid from cervix  
• Positive nitrazine/fernin/g/pooling  
• Positive amnisure or similar test  
• Positive dye test at amniocentesis | All offices, clinics, and hospitals providing obstetric care | Obstetric providers, in consultation with MFM as needed | **Who:** Obstetric providers, nursing, medical staff  
**What:** Identification of women who may have symptoms of ruptured membranes  
**How:** provider/patient education on signs of ruptured membranes | -Identify women presenting to clinic, office or triage or who call the provider/nurse between 24 and 34 weeks gestation complaining of ruptured membranes  
-Verification of ruptured membranes as noted under brief description  
*can consider antibiotic administration at 20 weeks if conservative management planned  
-Implementation of latency antibiotics and inpatient admission  
-Administration of antenatal corticosteroids  
*can consider at 23 weeks gestation if full intervention planned |
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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