

Pre-Term Pre-Labour Rupture of Membranes (PPROM)

Pre-term pre-labour rupture of membranes (PPROM) is defined as rupture of membranes after 20 weeks and before 37+0 weeks gestation, and before the onset of labour. It occurs in 2 – 3.5% of pregnancies and is the commonest antecedent of preterm birth, being present in 30 – 40% of cases.

The management of pregnancies with PPRM from 34+0 weeks of gestation is as for Term PROM – see appropriate protocol.

Prophylactic Antibiotics

Recent evidence from the ORACLE trial suggests that in singleton pregnancies with PPRM (from 15+0 to 36+6 weeks) the use of Erythromycin is associated with a range of benefits to the neonate.

If PROM occurs before 37+0 weeks, prescribe antibiotics at the time of diagnosis of PPRM.

1st choice

Erymax 500mg PO 12 hourly for 10 days or until delivery, whichever occurs earlier i.e. stop at delivery

Alternative

Amoxicillin 500mg PO 8 hourly for 10 days or until delivery, whichever occurs earlier i.e. stop at delivery

Co-amoxiclav (Augmentin) should be avoided in any preterm pregnancy because of a significantly increased risk of neonatal necrotising enterocolitis.

Chorioamnionitis

Management must be discussed with the Obstetric Senior Registrar or Consultant. In general, if there is evidence of chorioamnionitis, intravenous antibiotics will be started and delivery should be expedited.

If there are overt signs of infection, start empirical antibiotics as below:-

1st choice

Clarithromycin 500mg IV 12 hourly
plus
Metronidazole 500mg IV 8 hourly

Alternative

Amoxicillin 500mg IV 8 hourly
plus
Metronidazole 500mg IV 8 hourly