PRETERM PRELABOUR RUPTURE OF MEMBRANES (CONFIRMED) OUTPATIENT MANAGEMENT: MATERNAL FETAL ASSESSMENT UNIT – QUICK REFERENCE GUIDE

This quick reference guide must be used in conjunction with its respective Clinical Guideline, Medical and midwifery management. Medical and midwifery staff should be familiar with the contents of the full guideline.

CRITERIA FOR REFERRAL

Women with confirmed PPROM with no maternal or fetal concerns, and who have been discharged from the antenatal ward by their obstetric team.

ASSESSMENT

Women with confirmed PPROM are assessed once a week on an outpatient basis. The Multiple Visit Record Sheet MR 226 is to be used each visit to record the assessment and any test results or treatment given.

WEEKLY ASSESSMENTS

1. Arrange weekly assessments on the woman’s Obstetric Team day with Team Consultant.
2. Check and record maternal temperature, pulse and blood pressure.
3. Check vaginal loss recording the amount and nature of the loss.
4. Perform abdominal palpation noting:
   • Symphysis fundal height
   • Lie (if appropriate depending on gestation)
   • Presentation (if appropriate depending on gestation)
   • Uterine tenderness, irritability / activity
5. Perform a urinalysis and send an MSU for MC&S where there is proteinuria of >1+
6. Take a LVS, without using a speculum, for MC&S.
7. If the fetus is > 23 weeks gestational age arrange assessment of fetal wellbeing:
   • Ultrasound assessment for amniotic fluid index (AFI) and umbilical artery (UA) Doppler velocities at each visit
   • Fetal biometry every 2 weeks
   • CTG at each visit if / when > 30 weeks gestational age
8. Ensure the woman has received a single course of betamethasone if the gestational age is between 23 and 34 weeks. At gestations between 23-23+6 days, the decision to give steroids should take into account the parents wishes for the management of the neonate.

9. Ensure the woman has received or has been commenced on a ten-day course of erythromycin 250mg QID.

10. Obtain and review any results from the previous visit if these have not already been documented.

11. Provide the woman with information of management for PPROM after discharge. See Clinical Guideline Medical and midwifery management for detailed advice and care.

**REFERRAL FOR MEDICAL REVIEW**

Follow the flow chart for confirmed PPROM outpatient management on the next page.
FLOW CHART FOR THE OUTPATIENT MANAGEMENT OF CONFIRMED PPROM

Women presents to MFAU for **weekly** review and assessment on her obstetric team day.

Midwife / resident performs the assessment as outlined in the QRG.

Midwife / resident reviews all maternal and fetal assessments and test results.

Are all the assessments and results normal? (see yellow box)

**Yes**

Inform the obstetric team of results and arrange review in the ANC or in MFAU as appropriate.

**No**

Inform obstetric registrar or above and arrange review.

**Follow-up Management**
Continue weekly assessment in The Maternal Fetal Assessment Unit and/or ANC with Team Consultant review.

**Abnormal / Reportable Results**
- Maternal temperature ≥ 37°C
- Maternal pulse ≥ 100 bpm
- Positive LVS or MSU
- Vaginal loss which is offensive and / not clear
- WCC > 17 or 10⁹/l or a WWC that is rising
- CRP > 10mg/l
- AFI (MVP <2cms)
- Fetal biometry < 10th centile
- UA doppler > 95th centile
- Non-reactive CTGx2
- Fetal tachycardia