

## 2 COMPLICATIONS OF PREGNANCY

### 2.6 PRETERM PRELABOUR RUPTURE OF

Date Issued: October 2004  
Date Revised: January 2012  
Review Date: January 2015  
Authorised by: OGCCU  
Review Team: OGCCU

2.6.4 QRG – Expectant care of the woman and fetus on the obstetric wards  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

#### 2.6.4 QUICK REFERENCE GUIDE EXPECTANT CARE OF THE WOMAN AND FETUS ON THE OBSTETRICS WARDS

This Quick Reference Guide must be used in conjunction with its respective [Clinical Guidelines, Section B, 2.6.2 Preterm prelabour rupture of membranes medical and midwifery management.](#)

Assessment and care recommended in this guideline must be re-evaluated and frequency and management adjusted, in **the event of a change in maternal or fetal condition.** Document any changes.

##### MATERNAL ASSESSMENT

Blood Pressure:	On admission, then daily
Temperature:	4 hourly
Pulse:	4 hourly
Vaginal loss:	4 hourly
Uterine activity/tenderness:	4 hourly
Urinalysis:	On admission
Bowels:	Daily
Overnight:	Between 2200 and 0600 hours only as required

##### FETAL ASSESSMENT

Movements:	4 hourly
Heart Rate:	BD
CTG frequency:	gestation more than 30 weeks – weekly CTG, or immediately if contracting
Ultrasound:	if more than 23 weeks gestation – weekly AFI, BPP, and doppler studies - 2 <sup>nd</sup> weekly fetal biometry
Overnight:	Between 2200 and 0600hours only as required

##### PROCEDURES TO BE CONSIDERED

Low vaginal swab – repeat as required. GBS screening may need to be repeated depending on gestation.  
Antibiotics – see main guideline for detailed antibiotic administration  
Corticosteroids – single course between 24 and 34 weeks gestation  
Maternal laboratory investigations – FBP and CRP if suspicion of infection

##### EDUCATION

PPROM  
Plan of care, tests and procedures  
Caesarean section  
Preterm birth  
Special Care Nursery  
Breastfeeding  
Personal hygiene

##### ACTIVITY

Consider bed rest with shower and toilet privileges for first 48 hours.  
Subsequent activity to be determined by the medical officer.

**Note:** see next page for continuation of management

DOCUMENTATION	REFERRALS TO BE CONSIDERED
MR 285 - Observation Sheet MR 810 - Medication Chart MR 250 - Progress Notes MR 410 - Neonatal History Sheet  Baby notes prepared Perinatal Database record updated	Aboriginal Liaison Officer Activities Coordinator Anaesthetist Dietician Parent Educator Physiotherapist Psychological Medicine Neonatologist Social Worker

Refer to [Clinical Guidelines, Section B 2.6.3 Maternal Fetal Assessment Unit – Quick reference guide confirmed preterm prelabour rupture of membranes outpatient management](#) for information about criteria required for a women to be deemed suitable for outpatient care, and their subsequent ongoing management. The Obstetric medical team consultant **must** be involved in the decision process.