**COMPLICATIONS OF PREGNANCY**

**PPROM: CARE ON THE ANTENATAL WARD QRG**

**Maternal Assessment**

- **On Admission**: Full set of observations*, Urinalysis, Vaginal loss, uterine activity/tenderness
- **4 hourly**: Temperature, Pulse, Vaginal Loss, Uterine activity/tenderness. If abnormal - perform full set of observations*
- **Daily**: Blood Pressure. If abnormal - perform full set of observations*. Bowel activity

*Avoid digital examination unless birth is believed to be imminent*

**Fetal Assessment**

- **Overnight**: Observe and perform observations only as required between 22:00 and 06:00
- **4 hourly**: Fetal Movement. Report any decrease in movement or change in usual pattern of movements
- **BD**: FHR. Report abnormalities promptly

**CTG**

- **Gestation > 30 weeks**: Once weekly
- **Immediately** if contracting

* Full set of observations includes Blood Pressure, Pulse, Temperature, Respiration, O2 Saturation and conscious state.
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.
- Anti-embolism Stockings to prevent VTE.

DOCUMENTATION

- MR 285 - Observation Sheet
- MR 810 - Medication Chart
- MR 250 - Progress Notes
- MR 410 - Neonatal History Sheet
- Baby notes prepared
- Stork Perinatal Database record updated

REFERRALS TO BE CONSIDERED

- Neonatologist
- SCN tour
- Aboriginal Liaison Officer
- Activities Coordinator
- Anaesthetic department
- Dietician
- Parent Educator
- Physiotherapist
- Psychological Medicine
- Social Worker

This Quick Reference Guide must be used in conjunction with its respective Clinical Guidelines 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.

Refer to Clinical Guidelines 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.