Wessex Ante Natal Care Pathways Reviewed 26.04.2019 v3.1

NHS Wessex Clinical Networks

No16 SECONDARY CARE PATHWAY FOR SUSPECTED/ CONFIRMED PRE-TERM PRE-LABOUR SPONTANEOUS RUPTURE OF MEMBRANES (PPROM)

Perform a full antenatal assessment and maternal observations
Review previous history of GBS/ infectious diseases
CTG ≥26 weeks only required when PPROM confirmed or if otherwise clinically indicated

Good history of SROM and liquor definitely seen
Auscultate/CTG to be performed ≥26 weeks

Unable to confirm SROM
Lie supine for 20 minutes prior to speculum/amniotic leak detector

Liquor seen

Unconfirmed but good history of SROM

No evidence of SROM: Reassure, advise to return if further PV loss

Inform on call obstetric team
Vaginal Swab
Take bloods for FBC & CRP
Consider USS
If GBS +ve follow local guideline
If infectious diseases follow local guideline
Erythromycin should be prescribed for 10 days
Steroids dependent on gestation and local policy
Consider admission to antenatal ward as per local policy
If admitted inform NICU

Seek senior review
Consider repeat speculum/amniotic leak detector

No liquor seen
Reassure and advise to return if further loss

Liquor seen or test positive

On Discharge

- Review investigation results prior to discharge
- Seen by Consultant team whilst inpatient to arrange plan of care is in place and documented
- Arrange a minimum of weekly review for maternal and fetal wellbeing (either in community or hospital as per local policy)
- Request fetal monitoring if concerned about movements
- Arrange ANC and scan as per individual need
- Patient to check her own temperature a minimum of twice a day at home
- Provide contact numbers and patient information leaflet RCOG/Local or App
- Patient to contact Maternity service if feels unwell, temp ≥37c, liqour colour changes or reduced fetal movements

This will need updating when RCOG leaflet is issued

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.