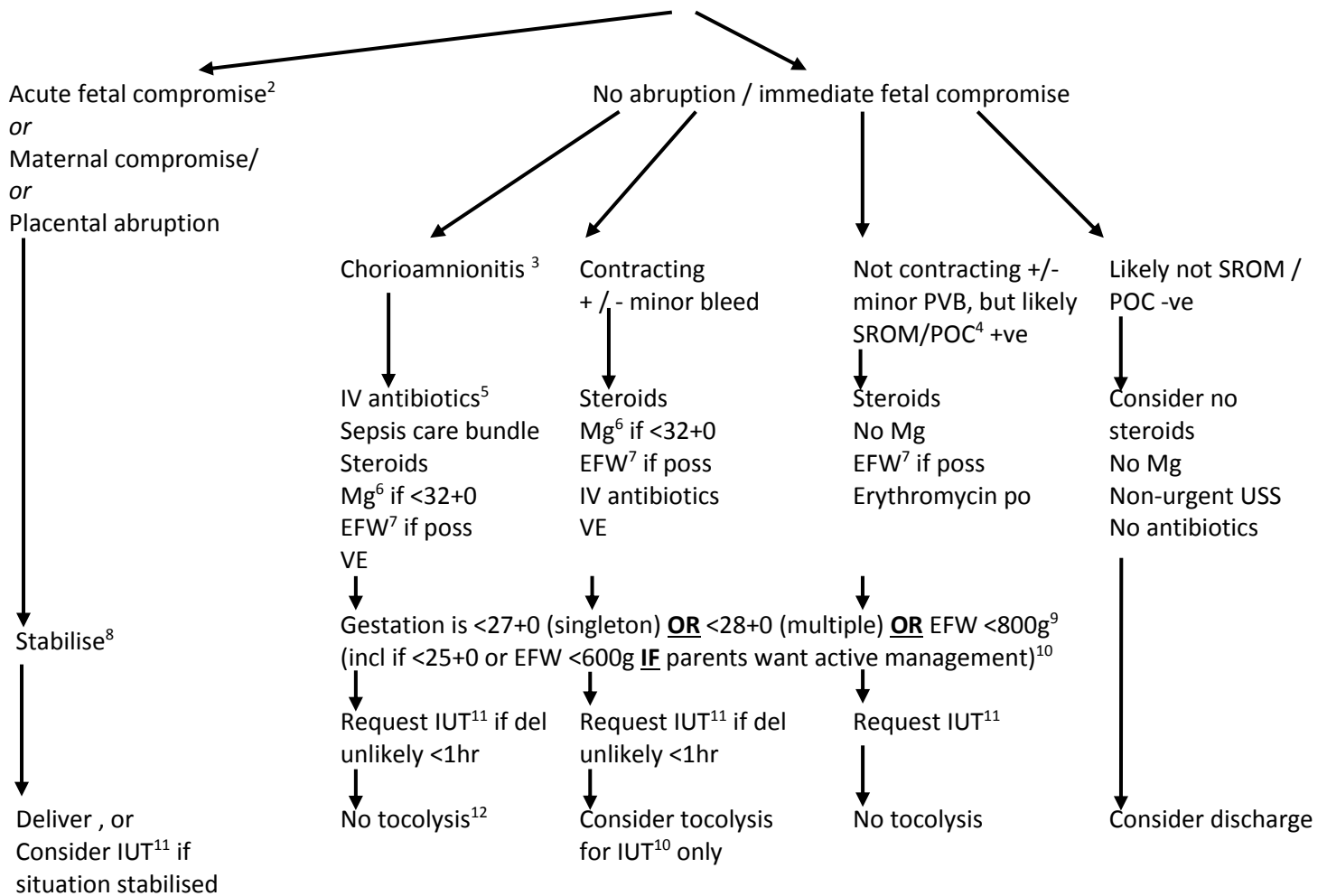


Oxford AHSN Regional Maternity Guideline

Algorithm for Management of Preterm Prelabour Spontaneous Rupture of Membranes (Updated Jan 2020)

Suspected preterm prelabour SROM at $\geq 22+3$ ¹ to $<34+0$



Footnotes:

1. Dates according to CRL excl in IVF pregnancies. Note this gestation has been modified following new BAPM Guidelines. Active resuscitation for neonates $<23+0$ will be offered if there are good prognostic features (eg $>/+22+3$, had steroids, delivery in Level 3). incl $>/+22+3$). If there is uncertainty about the circumstances or the dates, call obstetric consultant at OUH.
2. CTG to be used only $>/=26+0$ weeks
3. Chorioamnionitis is very common at presentation of severely preterm SROM and may be subtle. Early IVABs (<1 hr of diagnosis), see local sepsis guideline. Confirmed chorioamnionitis requires delivery, but this can usually be after transfer, if IUT criteria are met.
4. POC: point of care test for SROM (e.g. Actim PROM).
5. IV antibiotics. Follow unit antibiotic guideline; avoid co-amoxiclav
6. Mg: Magnesium bolus 4g (16mmol) Magnesium Sulphate as 20mls of 20% magnesium sulphate IV over 5 – 10 minutes. If $<32+0$ weeks. Note PReCePT suggests 30 but clinical benefit up to 32 weeks.
7. EFW: estimated fetal weight $\pm 15\%$ if possible
8. Stabilisation of acutely unwell mother beyond scope of this. Early IVABs (<1 hr of diagnosis) essential, see local sepsis guideline.
9. Criteria for delivery in Level 3 Neonatal Unit. If criteria not met follow local guideline
10. If time, offer discussion with paediatrician. Document any discussion regarding IUT with parents. Consider providing Thames Valley Neonatal Network patient information leaflets if available.

11. IUT: in utero transfer, try OUH first. 8-5pm call Delivery Suite (01865 221988/7), and specifically request to speak to the consultant obstetrician on Delivery Ward. From 5pm to 8am, hospital switchboard (01865 741166), with the request to speak to the obstetric consultant on call. DO NOT call neonatal unit or delivery ward manager first.
12. Tocolysis. Follow unit tocolysis guideline. Do not use nifedipine if magnesium given or to be given