PREMATURE RUPTURE OF THE MEMBRANES (PPROM)

Preterm Premature Rupture of the Membranes (PPROM): PREVIABILITY CARE

SUMMARY: Latency antibiotics may be given as early as 20 weeks for pregnancy prolongation in patients with previable PPROM who choose expectant management.

Rationale: Because most studies of antibiotic prophylaxis with preterm PROM enrolled patients only after 24 0/7 weeks of gestation, there are no adequate data to assess the risks and benefits of such treatment at earlier gestational ages. Based on the Periviable Birth OB Care Consensus of 2015, and in the absence of such data, it is reasonable to offer latency antibiotics as early as 20 weeks for pregnancy prolongation in patients with previable PROM who choose expectant management. There is no evidence to support the use of tocolytics in the setting of previable preterm PROM, and in this setting, tocolysis is not recommended. Hospital care, corticosteroids for fetal lung maturity, and magnesium sulfate for fetal neuroprotection should be considered by 24 weeks and possibly as early as 23 weeks.

Eligible Patients: Women with PPROM at 20 weeks and beyond who choose expectant management

Exclusions:

- PPROM with labor or chorioamnionitis.
- Women with PPROM who decline expectant management.

Technique: Administer antibiotics used for PPROM at later gestational ages. See PPROM: LATENCY ANTIBIOTICS

References

ACOG Practice Bulletin 160, January 2016

ACOG Obstetric Care Consensus Number 3, November 2015

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