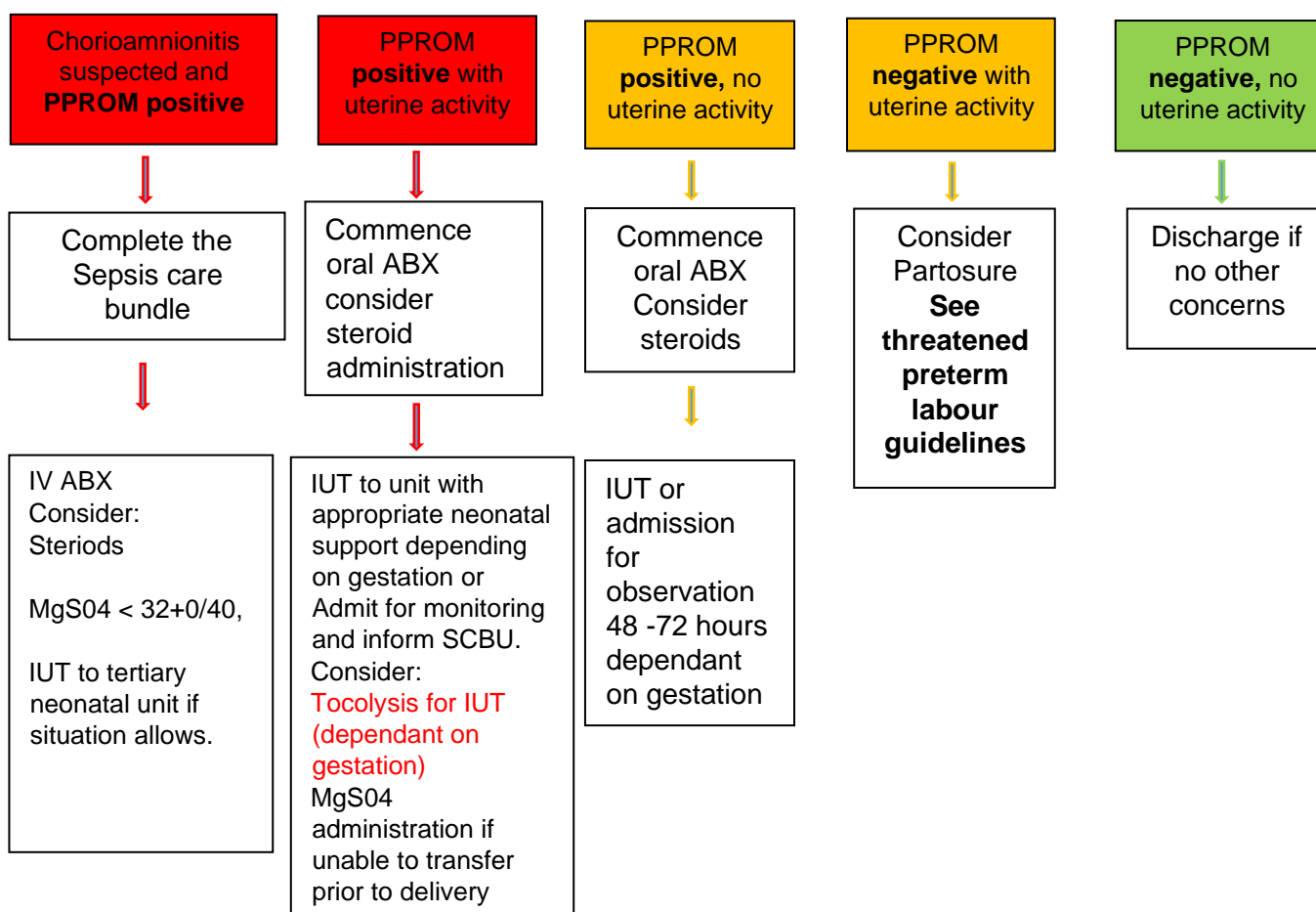


## 11. Flow chart for Suspected Pre-term Pre-Labour Rupture of Membranes > 23 +0 < 32/40 (< 34 weeks' multiple pregnancy)

Assess for abruption/ immediate fetal or maternal compromise

Full Antenatal assessment which includes, Observations (recorded on Meows) abdominal palpation, FH auscultation / CTG (if appropriate) speculum or by Amnisure (if no obvious SROM). Bloods: FBC, CRP, (consider G&S if likely to deliver). HVS to be taken, MSU to be sent.



For all women diagnosed with **Positive PPROM** regardless of gestation

**Oral ABX** = erythromycin 250mg QDS for 10 days (if not allergic to penicillin).  
maternal observations every four hours /monitor for signs and symptoms of infection.

**Consider** intrapartum antibiotic prophylaxis using intravenous benzylpenicillin to prevent early-onset neonatal infection for women in preterm labour if there is suspected or confirmed intrapartum rupture of membranes > 18 hours. If the woman is allergic to penicillin, offer clindamycin unless individual group B streptococcus sensitivity results or local microbiological surveillance data indicate a different antibiotic (NICE 2012)