Maine Medical PARTNERS Women's Health

A department of Maine Medical Center

Outpatient Management of Second Trimester PPROM

- Perform sterile speculum exam to confirm diagnosis and perform testing for gonorrhea and chlamydia. Avoid digital cervical exam.

- Counsel regarding diagnosis, prognosis, and potential pregnancy complications (e.g., preterm delivery, maternal and/or fetal infection, fetal or neonatal death).

- Discuss options for management, including expectant management versus pregnancy termination.

If the patient opts for expectant management:

- Schedule for ultrasound and consultation with Maternal-Fetal Medicine, which should be no later than 21 weeks 6 days.

- Patient should be instructed to take temperature three times daily and call if over 100.4°F or 38°C or any signs or symptoms suggestive of chorioamnionitis.

- Patient should be followed with weekly prenatal visits and ultrasounds.

- Recommend outpatient Neonatology consultation no later than 21 weeks 6 days to decide on patient's desired timing for neonatal intervention.

- Admission to Maine Medical Center at the gestational age at which the patient desires neonatal intervention. Initiate latency antibiotic course and betamethasone course for fetal lung maturity at the time of admission. Initiate magnesium sulfate for neuroprotection if imminent delivery and < 32 weeks.

- Prior to the gestational age at which the patient desires neonatal intervention, corticosteroids, magnesium sulfate for neuroprotection, tocolysis, and GBS prophylaxis are not recommended.

- If rupture of membranes occurs beyond 22 weeks, may transfer to Maine Medical Center for inpatient evaluation, counseling, and Neonatology consultation.

References:

1. ACOG Practice Bulletin No. 188. Prelabor Rupture of Membranes. Obstetrics and Gynecology, 2018 January(1):e1-e14

2. Periviable Birth. Obstetric Care Consensus No. 6. American College of Obstetricians and Gynecologists. Obstetrics Gynecology 2017 Oct;130(4):e187-189.