(PROM) Pre-labour Rupture of Membranes at Term - Summary Clinical Guideline

Reference No.: Obst/03:18/L3

Definitions

Prelabour rupture of membranes at term is defined as spontaneous rupture of the amniotic membranes after 37 completed weeks of gestation prior to labour.

Diagnosis of PROM

Initial Assessment: in PAU, birth centre or during home visit

Initial assessment can be carried out by a midwife (for <37 weeks gestational age follow preterm clinical guidelines) and should consist of the following:

- Full ante-natal check including auscultation of the fetal heart
- Confirmation of PROM based on history given by the woman and visualisation of liquor. If there is certainty, a speculum examination should ***NOT*** be carried out
- If there is uncertainty, ask the woman to lie on her left side for half an hour. If liquor can be visualised, a speculum examination should not be carried out. If liquor cannot be visualised confirm diagnosis with a sterile speculum examination
- Avoid digital examination in the absence of contractions suggestive of active labour
- Maternal observations including temperature, pulse and respiratory rate
- Auscultation of the fetal heart should be carried out following speculum examination. This should be followed by a CTG monitoring for women with risk factors identified in pregnancy or during assessment (i.e. for all women that are suitable for CTG monitoring during labour under consultant led care

Once ruptured membranes has been confirmed, complete a labour risk assessment form including the advised plan for fetal monitoring in labour/active labour management/planned induction of labour. If a woman is under consultant led care a medical review is required to plan care.

Risk Factors for Immediate Induction of Labour

Risk factors that prompt a medical review (St 3 or higher) to discuss the appropriate timing of induction of labour and possible admission include:

- Signs of infection (e.g. maternal pyrexia, maternal or fetal tachycardia etc)
- GBS positive during this pregnancy (please see GBS guideline)
- Altered fetal movements
- IUGR/SGA
- Abnormal CTG
- Other identified risk factors (see IOL guideline)

Low Risk Pregnancy and No Risk Factors Identified

In case of a low risk pregnancy under midwifery led care and no other complications requiring immediate induction of labour have been identified, women should be provided with a Patient information leaflet and informed that:

- The risk of serious neonatal infection is 1% (in comparison to a 0.5% risk in the presence of intact membranes).
- 60% of women with PROM at term will go into spontaneous labour within 24 hours of the event.
- IOL is appropriate approximately 24 hours after rupture of the amniotic membranes.

Women should be supported if they make an informed choice for immediate induction of labour without delay or for expectant management beyond 24 hours.

Until IOL takes place, the following are advised:

- For the woman to contact the hospital immediately if:
    - she notices any change
    - starts to feel unwell (including symptoms or a raised temperature)
    - any change to the features of vaginal loss (e.g. odour, colour, presence of blood)
    - Any decrease in fetal movements/Change in fetal movement pattern.
- For the woman to be advised to avoid sexual intercourse and to be aware that bathing and showering does not increase the risk of infection
- In the presence of any signs of infection (e.g. maternal pyrexia, maternal or fetal tachycardia.or feeling unwell), delivery should be expedited.
- Taking a FBC, CRP or HVS are not routinely recommended.

Expectant management beyond 24 hours

It the woman chooses not to accept induction of labour at 24 hours, she should be informed of the increased risk of infection and advised that delivery should take place at RDH with neonatal services and informed that she will be advised to remain in hospital for 12 hours post-delivery, for maternal and newborn observation

- If you plan to discharge the woman from the hospital setting please check the time of the previous set of full observations. If four hours or more have lapsed undertake a further full set of observations prior to discharge. All maternal observations should be documented onto MEOWS chart and escalated as appropriate

- The woman should be advised to contact the hospital if feeling feverish or unwell, change in colour or smell of her vaginal loss or any concern about her fetal movement pattern. If she has not got a thermometer advise to purchase one

- Advised that a fetal heart rate (CTG monitoring) and fetal movement assessment should be undertaken, by a midwife, every 24 hours.

- Advised that a date and time for induction of labour can be arranged, by her midwife, should she request it

- Advised that if induction of labour is not requested by 72 hours, she should be reviewed by a senior obstetrician for further discussion

- Provide information leaflet to support discussion