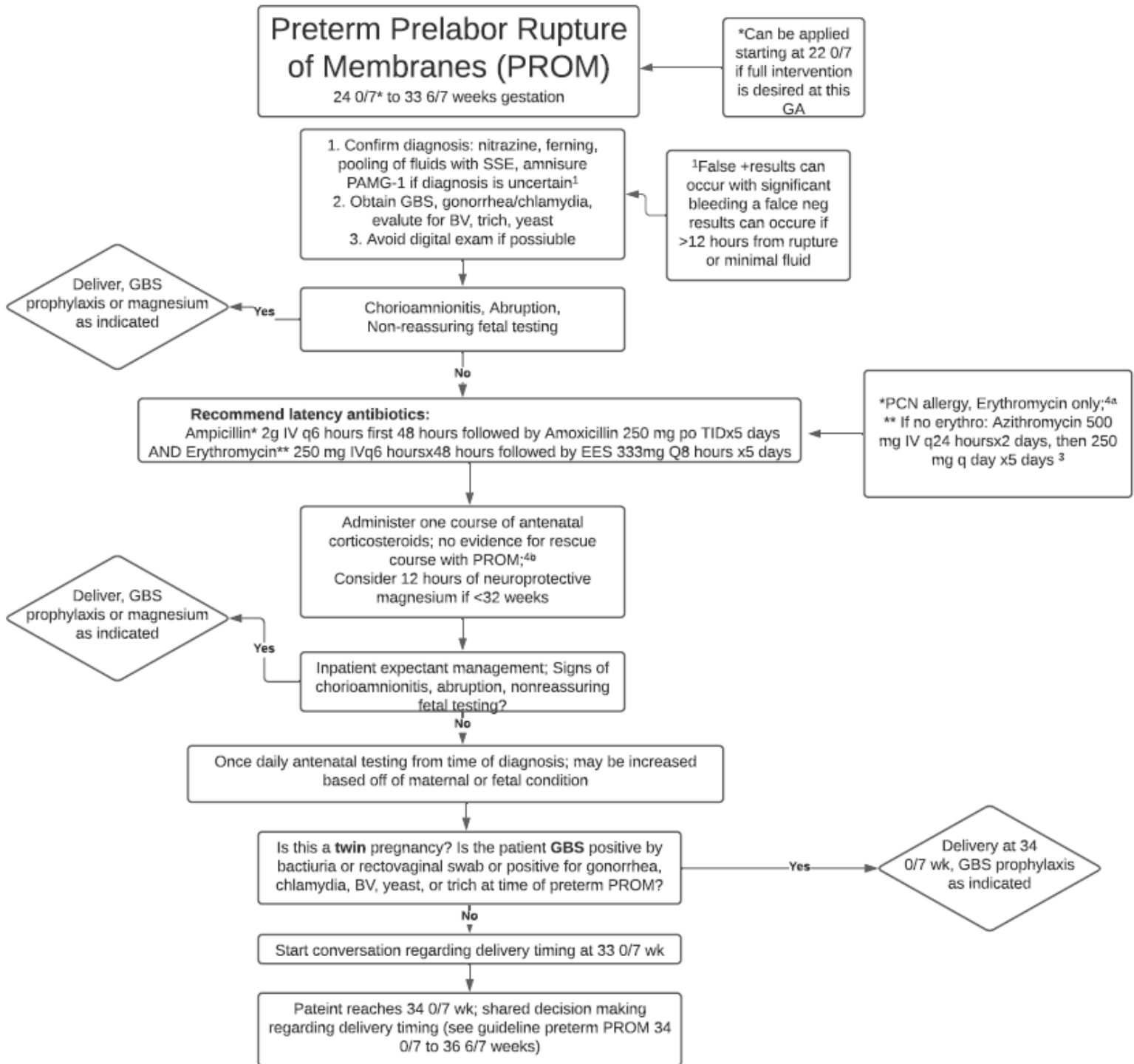


Management of Preterm Prelabor Rupture of Membranes 24 0/7 to 33 6/7 Weeks Gestation



References:

1. Amnisure- Tests for the presence of placental alpha microglobulin-1 protein in vaginal fluid. Per the package insert:
 - *Presence of significant blood on the swab can lead to a false positive result. The test functions properly in the presence of trace amounts of blood.*
 - *In very rare cases, when a sample is taken 12 hours or later after a rupture, a false negative result may occur due to the obstruction of fetus or resealing of the amniotic sac.*
 - *AmniSure should not be used earlier than 6 hours after the removal of any disinfectant solutions or medicines from the vagina.*
2. Antibiotic therapy for reduction of infant morbidity after preterm premature rupture of the membranes. A randomized controlled trial. National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Mercer BM, Miodovnik M, Thurnau GR, Goldenberg RL, Das AF, Ramsey RD, Rabello YA, Meis PJ, Moawad AH, Iams JD, Van Dorsten JP, Paul RH, Bottoms SF, Merenstein G, Thom EA, Roberts JM, McNellis D JAMA. 1997;278(12):989.

614 women with PPRM between 23 and 32 weeks were randomized to receive intravenous ampicillin (2-g dose every 6 hours) and erythromycin (250-mg dose every 6 hours) for 48 hours followed by oral amoxicillin (250-mg dose every 8 hours) and erythromycin base (333-mg dose every 8 hours) for 5 days vs placebo.

Respiratory distress (44.1% vs 52.9%; $P=.04$), and NEC (2.3% vs 5.8%; $P=.03$) were less frequent in the group randomized to receive antibiotics.

3. A retrospective comparison of antibiotic regimens for preterm premature rupture of membranes. Pierson RC, Gordon SS, Haas DM, Obstet Gynecol. 2014;124(3):515.

In this retrospective study of women with PPRM, prophylaxis with ampicillin plus erythromycin or ampicillin plus azithromycin resulted in similar pregnancy and neonatal outcomes (latency length; mean birth weight; rates of chorioamnionitis, cesarean delivery, low Apgar score, neonatal sepsis, neonatal respiratory distress syndrome)

4. ACOG practice bulletin Number 217; Prelabor rupture of membranes; Obstet Gynecol. 2020 March; 135 (1)

4a *“Although there are no well-studied alternative regimens for women allergic to b-lactam antibiotics, it may be reasonable to administer erythromycin alone.”*

4b *“A single course of corticosteroids is recommended for pregnant women between 24 0/7 weeks and 34 0/7 weeks of gestation, and may be considered for pregnant women as early as 23 0/7 weeks of gestation who are at risk of preterm delivery within 7 day.”*

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.



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