

Note:

- a) Once magnesium sulphate is administered a decision must be made to deliver the pregnant woman within 12 hours
- *If magnesium sulphate is not available give:*
 - Loading dose of **Diazepam** 10mg i/v slowly over 2 minutes
 - Maintenance dose of **Diazepam** 40mg in 500mls of normal saline or ringer's lactate
 - Do not give more than 100mg in 24 hours
 - Refer the patient to hospital

In case of magnesium sulphate toxicity administer calcium gluconate 1gm as i/v stat dose and stop magnesium sulphate

Mode of delivery:

- Carry out an obstetric assessment to decide on appropriate mode
- Only allow assisted vaginal delivery if labour is progressing quickly
- Consider caesarean section if unlikely to deliver in 6-12 hours regardless of gestational age
- Give **Oxytocin** 10 IU (1mL amp) by i/v push in the 3rd stage
- Do not use ergometrine

Monitoring:

- Continue careful observation (and treatment if necessary) for at least 48 hours after delivery

12.7 Prelabour rupture of membranes

- Rupture of the membranes before labour has begun
- *Symptoms/Signs:* Watery vaginal discharge

(a) If gestation less than 34 weeks

- No digital vaginal examination should be done
- *When the diagnosis is in doubt,* perform sterile speculum examination
- Check temperature 4 hrly, inspect liquor daily, assess fetal heart rate
- Give prophylactic antibiotics:
 - **Erythromycin** 250 mg orally every 8 hours for 7 days
 - **Metronidazole** 400 mg orally every 8 hours for 7 days
- Give corticosteroids: