

3.0 PREMATURE RUPTURE OF MEMBRANE

A) Prolonged Premature Rupture of Membrane (PROM): Rupture of membranes before onset of labour.

B) Pre – term premature rupture of membrane (PPROM): Rupture of membranes before term i.e. 37 completed weeks

Diagnosis/ clinical features

It characterized by leakage of watery fluid per vagina confirmed by performing a sterile speculum examination.

General management

Give (IV) fluids Ringer's Lactate OR Normal saline

Prolonged PROM for more than 12 hrs is a risk of ascending infection which leads to chorioamnionitis (infection of chorion amnion and amniotic fluid)

Treatment

- PROM at term: Delivery with 24hrs
- PPRM: If no sign of infection, wait for foetal maturity and give prophylaxis

A: Amoxyllin 500mg (O) 6 hourly x 10days

OR

A: Erythromycin 500mg (O) 6 hourly 10 days.

If there are signs of infections-pyrexia, foul smelling liquor (chorioamnionitis)

C: Ampicillin 1g (IV) stat then 500mg 6 hourly for 5 to 7 days

OR

D: Ceftriaxone 1g (IV) daily for 5 days

OR

A: BenzylPenicilline (IV) 2MU every 6hrs

OR

C: Chloramphenicol (I.V) 500mg every 6 hours

Plus

A: Metronidazole 500mg 8hrly for 5 days

For urgent Delivery irrespective of gestational age

A: Benzylpenicillin (I.V) 2MU every 6 hours

Plus

C: Chloramphenicol (I.V) 500 mg every 6 hours until the patient is able to take oral medication.