PIPADOR REVISION

MRCOG Part 1 Revision Notes

PPROM

CLINICAL MANAGEMENT • LECTURE 467

VISUAL EXAMINATION REVISION NOTES

2026 Edition

467

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

PPROM

Preterm prelabour rupture of membranes — definitions, diagnosis and management (NICE NG25, RCOG GTG 73)

≈ 3%	Erythromycin	37+0 wk	Chorio-amnionitis
Pregnancies	10 days	Planned birth if uncomplicated	Main danger

■ KEY FACTS: Learning objectives

- Define PPROM, latency and chorioamnionitis.
- Describe the diagnosis of PPROM (NICE NG25, RCOG GTG 73).
- Describe management: antibiotics, corticosteroids, magnesium sulphate, surveillance, outpatient care and timing of birth.

467.1 Key definitions

Term	Definition
Prelabour rupture of membranes (PROM)	Rupture of the fetal membranes before the onset of labour
Preterm prelabour rupture of membranes (PPROM)	Membrane rupture before labour AND before 37+0 weeks
Latency	Time from membrane rupture to onset of labour — shorter at later gestations
Chorioamnionitis (intrauterine infection)	Infection of the membranes/amniotic fluid: maternal fever, tachycardia, uterine tenderness, offensive liquor, fetal tachycardia
Previable PPROM	PPROM before ≈ 23–24 weeks — high risk of pulmonary hypoplasia and limb contractures

■ IN PLAIN ENGLISH: PPROM

Once the waters break early, the baby faces two dangers: **being born too early** and **infection**. Management balances prolonging pregnancy (to gain maturity) against the rising risk of infection.

467.2 Causes and risks

- Associated with ascending infection (BV, GBS, chorioamnionitis)
  - Previous PPROM/preterm birth, smoking, APH, polyhydramnios
  - Multiple pregnancy
  - Cervical procedures, low BMI
  - Invasive procedures.
- Accounts for ≈ 1/3 of preterm births.
- Risks: preterm birth (≈ 50% deliver within 1 week), chorioamnionitis, neonatal sepsis
  - Cord prolapse/compression, abruption

– Pulmonary hypoplasia (early PPROM with oligohydramnios), maternal sepsis.

467.3 Diagnosis

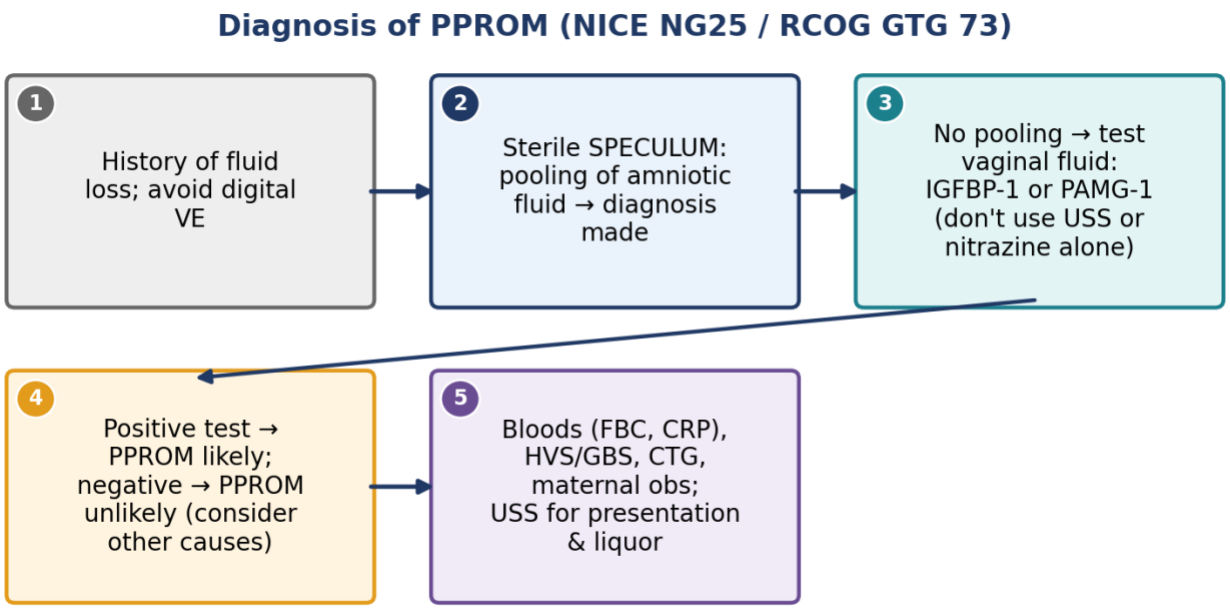


Figure 467.1 — Diagnosis of PPROM

467.4 Management

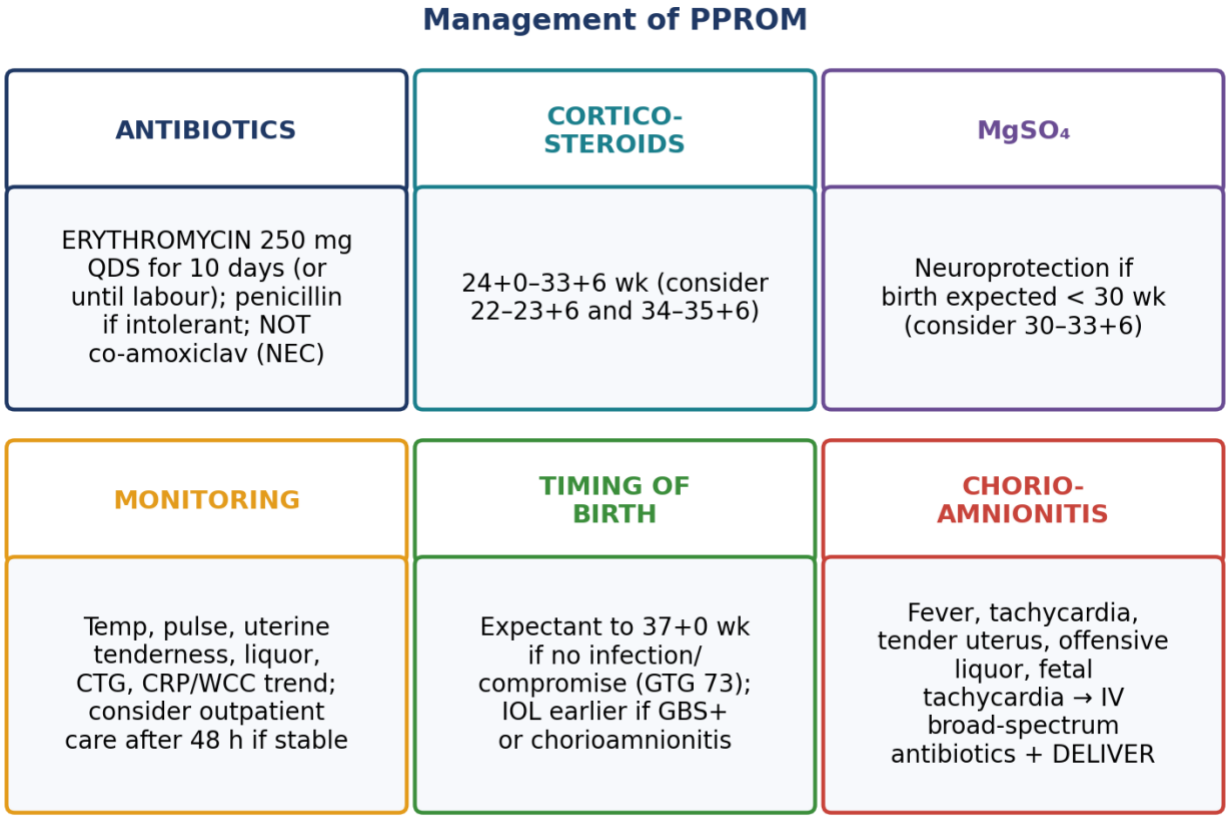


Figure 467.2 — Management of PPROM

Topic	Recommendation
Admission	• Initial inpatient assessment for ≥ 48 h • Consider outpatient care thereafter if stable, no infection, and able to monitor temperature and return promptly
Antibiotics	• Erythromycin 250 mg orally 4 times daily for 10 days or until established labour (whichever sooner) • Oral penicillin if erythromycin unsuitable • Do NOT use co-amoxiclav (necrotising enterocolitis)
Corticosteroids	Offer 24+0–33+6; consider 22+0–23+6 (after discussion) and 34+0–35+6
Magnesium sulphate	Offer if birth expected 24+0–29+6; consider 30+0–33+6
Tocolysis	Not recommended in PPROM (NICE NG25)
Surveillance	• 4–8-hourly temperature and pulse inpatient • CTG • CRP/WCC as part of overall picture (not alone) • USS growth/liquor
Timing of birth	• Uncomplicated: expectant management until 37+0 weeks (RCOG GTG 73, PPROMT trial) • Earlier if chorioamnionitis, fetal compromise or APH • Consider earlier birth for GBS carriers (discuss)
GBS	Intrapartum antibiotic prophylaxis in labour
Previable PPROM	• Senior counselling on outcomes • Options include expectant management or termination • Neonatology input at threshold of viability
Cerclage in situ	Discuss removal vs retention (risk of infection vs latency)

■ RED FLAGS

Chorioamnionitis (fever ≥ 38 °C, maternal/fetal tachycardia, uterine tenderness, offensive discharge) → blood cultures, IV broad-spectrum antibiotics and **expedite birth** regardless of gestation; neonatal team.

Cord prolapse or abruption risk — ensure women know to attend urgently.

■ COMMON PITFALLS

Digital vaginal examination (↑ infection) unless in labour.

Prescribing co-amoxiclav.

Using nitrazine tests or ultrasound alone to diagnose PPROM.

467.5 Must-know summary

■ EXAM TIP

- PPROM = membrane rupture before labour and before 37 weeks.
- Speculum pooling diagnostic; otherwise IGFBP-1 or PAMG-1; avoid digital VE.
- Erythromycin 10 days (not co-amoxiclav); steroids 24–33+6; $MgSO_4$ < 30 wk; no tocolysis.
- Expectant until 37+0 if uncomplicated; deliver if chorioamnionitis/fetal compromise; IAP in labour.

■ MNEMONIC / MEMORY AID

PPROM bundle — 'Erythromycin, Steroids, Magnesium, Monitor, Deliver at 37'.