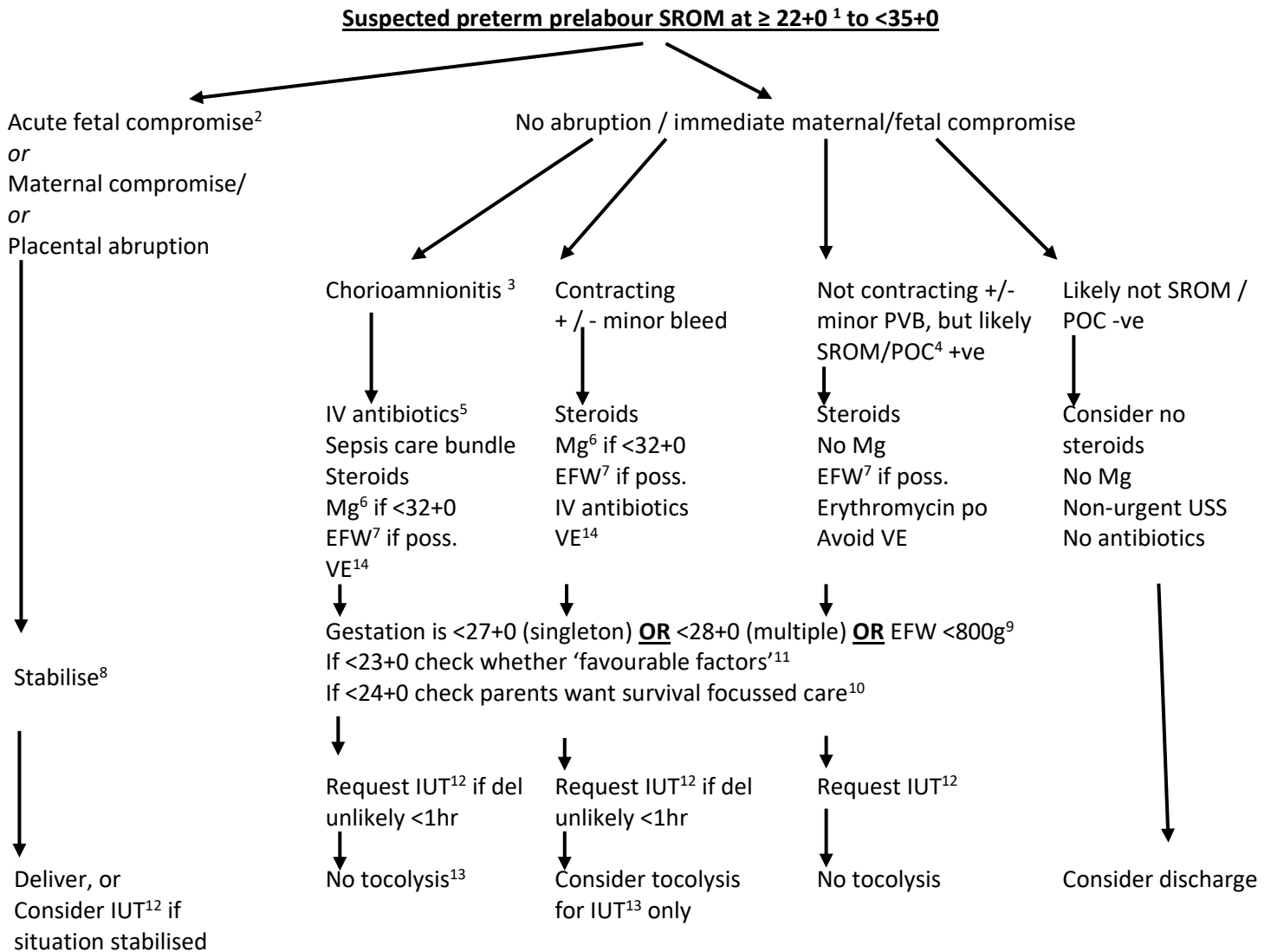


**Health Innovation Oxford & Thames Valley Regional Maternity Guideline**
**Algorithm for Management of Preterm Prelabour Spontaneous Rupture of Membranes  
 Version 4 (Updated Nov 2024)**

**Footnotes:**

1. Gestation brought forward in line with BAPM. Ensure correct dates.
2. CTG to be used only  $\geq 26+0$  weeks. In OUH only CTGs are performed from  $25+0$  w but outside L3 NNU risks associated with false positive rate likely to outweigh benefits.
3. Chorioamnionitis is very common at presentation of severely preterm SROM and may be subtle. Early IVABs ( $<1$ hr of diagnosis), see local sepsis guideline. Confirmed chorioamnionitis requires delivery, but this can usually be after transfer, if IUT criteria are met.
4. POC: point of care test for SROM (e.g. Actim Prom). Beware of high false positive rate particularly if history poor.
5. IV antibiotics. Follow unit antibiotic guideline; avoid co-amoxiclav
6. Mg: Magnesium bolus 4g (16mmol) Magnesium Sulphate as 20mls of 20% magnesium sulphate IV over 5 – 10 minutes. If  $<32+0$  weeks. Note PReCePT suggests 30 but clinical benefit up to 32 weeks.
7. EFW: estimated fetal weight  $\pm 15\%$  if possible. Presentation.
8. Stabilisation of acutely unwell mother beyond scope of this. Early IVABs ( $<1$ hr of diagnosis) essential, see local sepsis guideline.
9. Criteria for delivery in Level 3 Neonatal Unit. If criteria not met follow local guideline
10. At  $<24+0$  IUT should not take place if parents are clear that survival-focused neonatal care is not appropriate. Neonatal review advised. Operative birth in fetal interest contraindicated.

11. Favourable factors: singleton, not FGR, steroids given, absence of clinical evidence of sepsis, no prolonged (<20w) SROM, female gender (and birth in L3 unit). Discuss with on call consultant. See BAPM infographic below.
12. For IUT: try OUH first. Between 08:00-21:30 call Delivery Suite (01865 221987/8) and specifically request to speak to the consultant obstetrician on Delivery Suite. DO NOT call NICU or Delivery Suite manager first. Between 21:30 -08:00, call OUH switchboard (01865 741166) and request to speak to the obstetric consultant on call. If IUT is agreed between 21:30-08:00 , then call Delivery Suite (01865 221987/8) to complete required handover forms. If no OUH availability, access PeriDASH [South East Perinatal Maternity Bed and Neonatal Cot Locator - Power Apps](#). and [SONeT \(Southampton Oxford Neonatal Transport\)](#)
13. Tocolysis. Follow unit tocolysis guideline. Do not use nifedipine if magnesium given or to be given.
14. Duration of labour very variable and unpredictable. Discussion with OUH advised.

**Perinatal management of extreme preterm birth before 27 weeks of gestation**  
 A BAPM Framework for Practice

