Educational Topic 25: Premature Rupture of Membranes

**Rationale:** Rupture of the membranes prior to labor is a problem for both term and preterm pregnancies. Careful evaluation and management of this condition may improve fetal and maternal outcome.

**Intended Learning Outcomes:**

A student should be able to:

- List the history, physical findings and diagnostic methods to confirm rupture of the membranes
- Identify risk factors for premature rupture of the membranes
- Describe the risks and benefits of expectant management versus immediate delivery based on gestational age
- Describe the methods to monitor maternal and fetal status during expectant management

**TEACHING CASE**

CASE: A 26-year-old G2P0100 woman, who is 31 weeks gestation, presents to the labor unit complaining of leakage of fluid and she thinks that her “bag of water broke.” She has had increased vaginal discharge and intermittent lower back pain for the last two days. She reports a gush of fluid about 2 hours ago. The fluid ran down her leg and appeared clear with no noticeable odor. Her prior pregnancy was complicated by preterm labor and premature rupture of the membranes at 26 weeks gestation. The neonate’s course was complicated by necrotizing enterocolitis, respiratory distress, and death at 28 days of life.

**COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:**

Competencies addressed:

- Patient care
- Medical knowledge

1. What risk factors are associated with premature rupture of membranes (PROM)?
2. What should be the next step in this patient’s diagnosis?

3. What should be the next step in management once PROM has been confirmed?

4. What are the risks associated with preterm PROM?

5. What treatment can this patient be offered in a future pregnancy to decrease her recurrence risk for preterm PROM and preterm delivery?

REFERENCES

