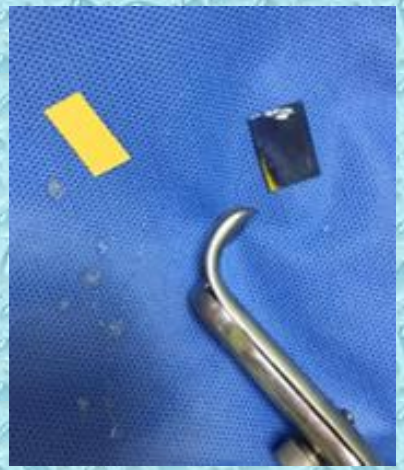
Nursing practicum for

Premature Rupture of Membranes (PROM) And PPROM (Preterm PROM)

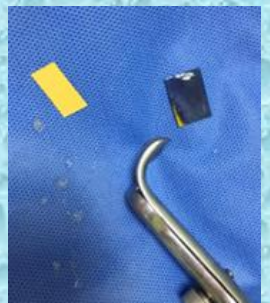


Asst.Prof. Duangporn Pasuwan

What is PROM?

Premature Rupture of Membranes (PROM) is the rupture of fetal membranes before the onset of labor at term (≥37 weeks gestation).

- Rupture of chorion and amnion before labor begins
- Occurs at term (≥37 weeks) or preterm PROM (<37 weeks)
- Fluid leakage from vagina is primary clinical sign
- Affects approximately 8-10% of term pregnancies
- Nitrazine test = positive



Etiology & Risk Factors

Common Causes:

- Infection (vaginal/uterine), weakness of membranes
- Trauma, polyhydramnios, cervical insufficiency
- Multiple gestation, smoking, malnutrition

Risk Factors:

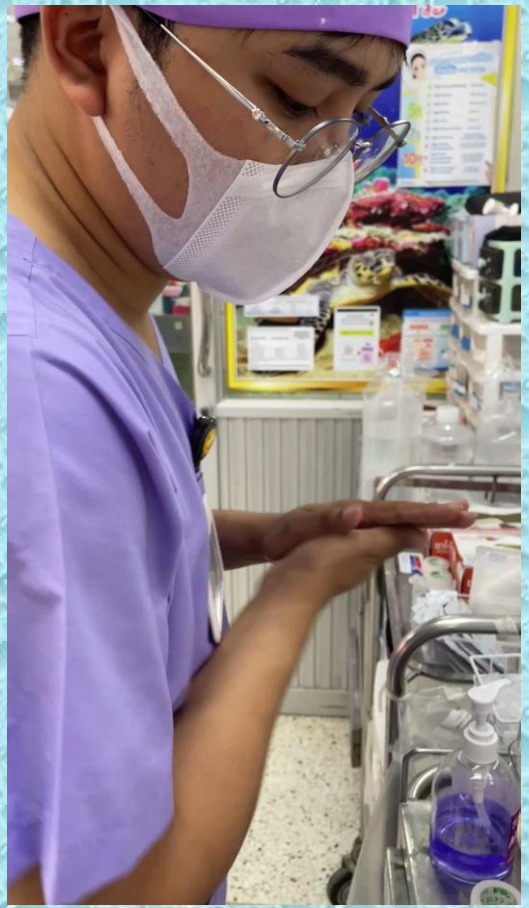
- Low socioeconomic status, maternal age, previous PROM
- Sexually transmitted infections, antepartum bleeding

Example : order PPROM Treatment

Date	PROGRESS NOTES	ORDER FOR ONE DAY		ORDER FOR CONTINUATION	
		Date	Orders	Date	Orders
	Diagnosis Corrected GA.....Wks With.....		**General Rx** ☐ Sterile Speculum ☐ CBC, BUN, Creatinine, Electrolyte, BS ☐ U/S ☐ Urine analysis ☐ Rectal/Vaginal swab C/S ☐ Notify PED ☐ EFM ☐ Dexamethasone 6 mg IM q 12 hrs x 4 doses ☐ ..... **Specific Rx** GA < 20 wks ☐ None GA 20 – 34 wks ☐ Ampicillin 2 gm IV stat Then 2 gm q 6 hrs x 2 days Then Amoxicillin (250) oral 1 x 3 x 5 days ☐ Erythromycin (500) oral 1 x 4 x 7 day ☐ Azithromycin (250) 4 tabs po stat ☐ Record FHR q 2 hrs GA ≥ 34 wks ☐ 0.9% Nacl 1000 ml IV 120 ml/hr ☐ 5% D/N/2 1000 ml + oxytocin 10 unit IV drip Adjust rate (กรณี UC ห่างกว่า 5 นาที) ☐ Ampicillin 2 mg IV stat then 1 gm q 4 hrs until Delivery ☐ Record FHR q ½ hrs ☐ NPO **หมายเหตุ** **ถ้าแพ้ Penicillin ให้ Clindamycin 900 mg IV q 8 hrs x 2 days then Clindamycin		- No PV ยกเว้นเจ็บครรภ์ - CBC, CRP สัปดาห์ละ 2 ครั้ง - NST OD * ถ้ามี oligohydramnios ให้ NST ทุกเวร - Record Temp Pulse q 4 hrs - U/S สัปดาห์ละ 1 ครั้ง - NPO เมื่อ Active Labour - Bed Rest - Record Fetal movement - Delivery when : Fetal distress : Chorioamnionitis : Abruptio placenta **หมายเหตุ** ภาวะ Chorioamnionitis วินิจฉัยเมื่อ Maternal T ≥ 38 C° โดยไม่สาเหตุอื่น **ให้คำแนะนำผู้ป่วยและญาติเมื่อมีกรณีดังต่อไปนี้อย่างใดอย่างหนึ่ง - maternal pulse ≥ 100 bpm - fetal heart rate ≥160 bpm

Primary Nursing Diagnosis (I)

- **Risk for Infection :** related to rupture of protective barriers and prolonged rupture of membranes
- **Risk for Fetal Injury :** related to prolapsed umbilical cord and compression
- **Anxiety/Fear :** related to premature membrane rupture and threat to fetal well-being

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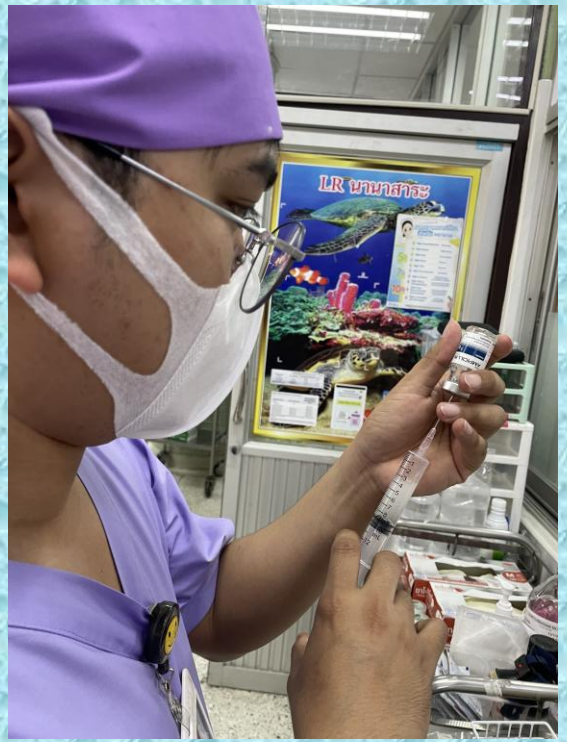
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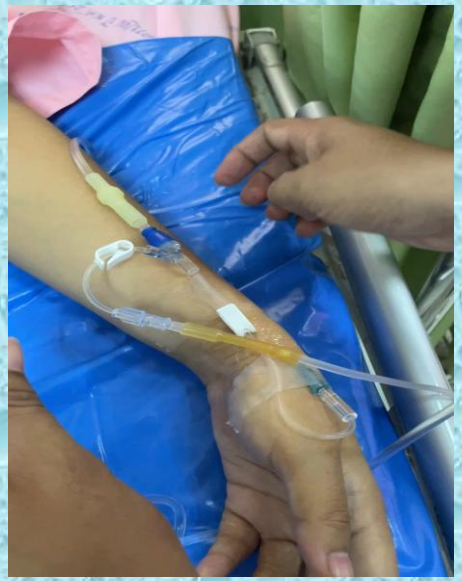


AMPICILLIN
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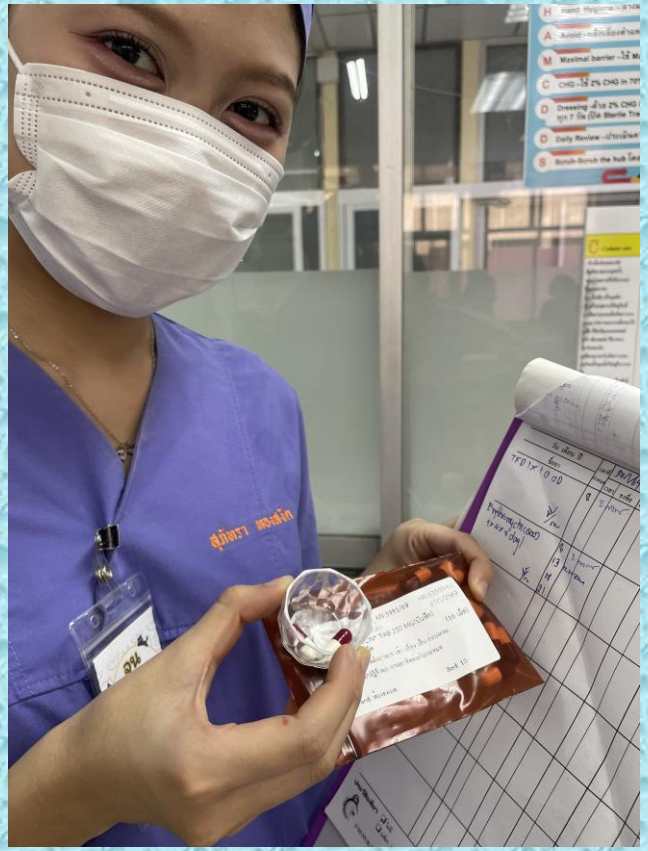


Primary Nursing Diagnosis (II)

- **Deficient Knowledge** related to condition management and potential complications
- **Impaired Skin Integrity** related to amniotic fluid leakage and maceration

Risk for Infection

Related to: Rupture of protective barriers and prolonged ROM

Goal: Remain infection-free; normal vital signs and WBC

Interventions:

- Monitor vital signs and maternal temperature every 2-4 hours
- Limit vaginal examinations; use aseptic technique when necessary
- Document time and characteristics of fluid leakage
- Administer prophylactic antibiotics (ampicillin, erythromycin) as ordered
- Monitor for signs of chorioamnionitis: fever, foul-smelling discharge, maternal tachycardia

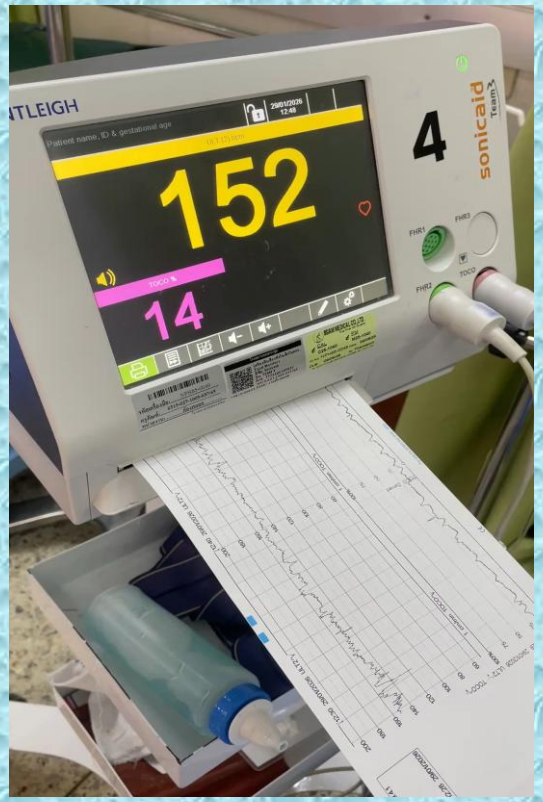
Risk for Fetal Injury

Related to: Prolapsed umbilical cord and cord compression

Goal: Fetal integrity maintained; normal FHR and fetal movement

Interventions:

- Absolute bed rest
- Perform sterile speculum exam to confirm ROM; assess fluid color/odor
- Place client in Trendelenburg/knee-chest position if cord prolapse suspected
- Monitor FHR continuously; assess fetal well-being with NST/CST
- Maintain bed rest; educate on avoiding strenuous activity
- Prepare for emergency cesarean delivery if cord prolapse occurs


TLEIGH
Patient name, ID & gestational age
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Anxiety/Fear

Related to: Premature ROM and threat to fetal well-being

Goal: Anxiety reduced; client verbalizes understanding and coping

Interventions

- Provide clear, honest information about PROM and management plan
- Explain procedures, monitoring, and fetal surveillance
- Encourage verbalization of fears and concerns
- Provide emotional support; allow family presence
- Teach relaxation techniques and coping strategies

Deficient Knowledge

Related to: PROM management and potential complications

Goal: Client verbalizes understanding of condition and self-care

Interventions:

- Teach signs of infection: fever, malodorous discharge, abdominal pain
- Educate on bed rest recommendations and activity restrictions
- Discuss warning signs: increased fluid leakage, contractions, vaginal bleeding
- Provide information on antibiotic therapy and testing procedures
- Reinforce importance of follow-up appointments and fetal monitoring

Impaired Skin Integrity

Related to: Amniotic fluid leakage and maceration

Goal: Skin remains intact; perineal area clean and dry

Interventions:

- perineal/vulvar area for breakdown or irritation
- Provide gentle perineal care with warm water as needed
- Apply protective barrier creams if skin breakdown present
- Educate on personal hygiene and perineal care at home
- Change perineal pads frequently; maintain cleanliness and dryness
- Assess

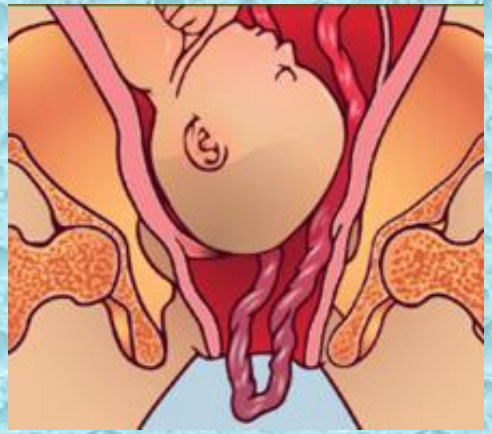
Complications & Key Considerations

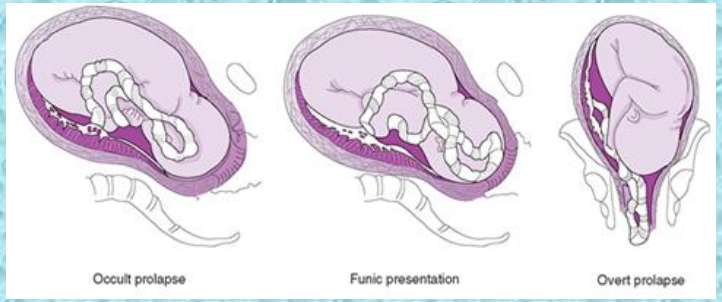
Maternal Complications: Chorioamnionitis, endometritis, sepsis

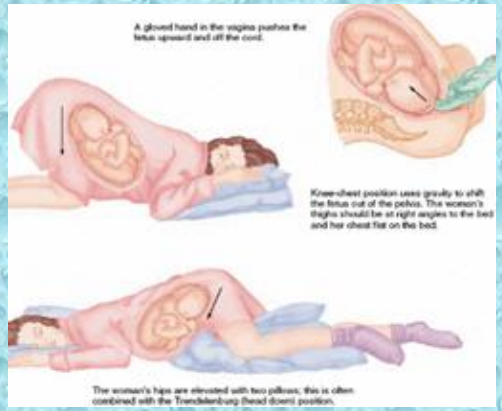
Fetal Complications: Infection, cord prolapse, oligohydramnios, hypoplasia

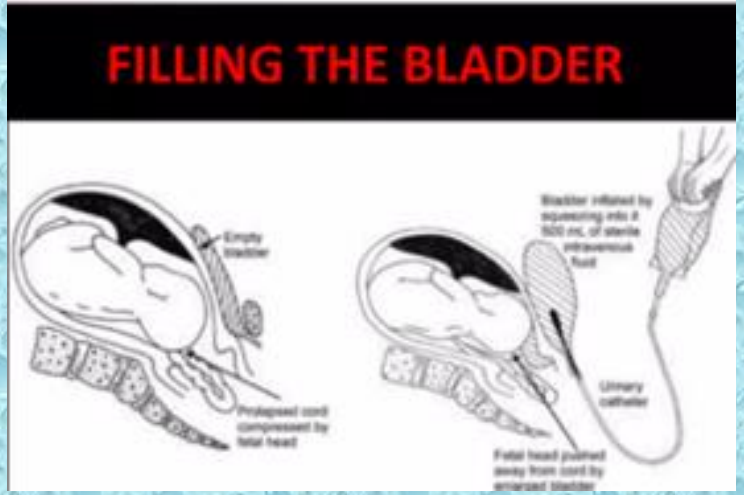
Management: Expectant management vs. active delivery based on gestational age, maternal status, and fetal well-being. Most term PROM cases deliver within 12-24 hours.

If prolapse cord!!!!!! What should to do ????









Case Prolapse cord from PPROM

Set OR Emergency

new born APGAR 9, 10, 10

body weight 2,300 gm. Admit

at sick newborn

Summary

Thank You!

Questions & Discussion