



اسم السياسة /الخطة: سياسة إدارة تمزق الغشاء العفوي قبل الولادة (Management of Pre labor spontaneous rupture of membrane)
رقم السياسة/ الخطة: OSD-PP- 10

المعنيين بالسياسية: كوادر قسم النسائية والتوليد		المجموعة: رعاية المرضى
توقيع مسؤول صالات الولادة:	تاريخ الاعداد: 2025/8/12	إعداد: قسم النسائية والتوليد
التوقيع:	تاريخ التدقيق: 2025/11 /1	دققت من قبل: مدير قسم الجودة
التوقيع:	تاريخ الاعتماد: 2025 / 11 /8	اعتمد من قبل: مدير المستشفى
تاريخ المراجعة القادمة: 2027/ 11 /8	الطبعة: الاولى	عدد صفحات السياسة/الخطة: (3)

1. Purpose:

To reduce any complication associated with pre-labor rupture of membrane such as (risk of ascending vaginal infection ,
Avoiding serious neonatal infection.

2. Policy:

To determine pre labor rupture of membrane.
To determine prematurity
Strict monitoring and assessment of fetal wellbeing
Maternal assessment for any infections

3. Scope:

This policy is applicable to all patients in Labor department.

4. Responsibility:

It is responsibility of head department unit to assure applied this policy.
It is responsibility of all midwives. Who interact with patient
It is responsibility of all resident doctor who inter act with mother in labor

5. Definitions:

Pre-labor rupture of membrane (PROM) rupture of amniotic membrane at term, prior the onset of regular, painful contraction (after 37 week's gestation).
Premature rupture of membrane: -rupture of amniotic fluid before maturity of the fetus (less than 32 weeks of pregnancy)

6. Equipment's/Forms/Attachments:

Sterile gloves.
Speculum
Cardiotocography.
B/P apparatus, ,
File documents
Thermometer
Stethoscope
Draw sheet
Ultra sound

7. Procedure:

Hand washing
Take complete medical history by resident doctor and midwife :
7.2.1 Time of rupture
7.2.2 Change in color ,unpleasant smelling , amount of fluid of her vaginal lose
7.2.3 Bloody discharge
7.2.4 Reduce fetal movement
7.2.5 Continuous abdominal pain
7.2.6 If she feeling un well
7.2.7 History of vaginal infection or urinary tract infection recently

7.2.8 Any complication accompanied with recent pregnancy

7.2.9 Previous medical disease

7.2.10 Gestational age (to detect prematurity)

Explain the condition and all procedures to the mother and her accompanied

Complete physical assessment, must be done by resident doctor and midwife

To determine the best management and to determine with obstetrician the suitable method to end pregnancy.

Abdominal palpation should be done by resident doctor and midwife to verify gestational age and position presentation of the fetus(to exclude prematurity)

7.5.1 If the pregnancy is less than 32weeks gestation the fetus appears to be uncompromised, labor and antepartum hemorrhage is excluded it will be managed expectantly

7.5.2 Corticosteroids are administered to mature the fetal lungs as soon as the prom is confirmed should the baby born early

Take vital signs (pulse , blood pressure , O2 saturation respiratory rate ,and body temperature as order

Laboratory investigation as ordered

Assis resident doctor to do speculum examination under sterile technique to observe whether there is pooling of liquor in the posterior fornix of the vagina

avoid any unnecessary digital examination

Assess the amount ,color and odor of liquor

Observation of fetal heart rate and fetal movement by continuous cardiotocography.

Assess any signs of mother infection (fever) ,abnormal increase in pulse rate

Give antibiotic medications as ordered

Prepare patient for labor induction or cesarean as ordered

Prober Documentation on patient file

8. References:

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