PPROM vs PROM

RUPTURE OF MEMBRANES — RAPID COMPARISON

NCLEX-RN 2026

MATERNITY / OB

PROM
≥ 37 weeks
Premature Rupture of Membranes — rupture BEFORE labor at TERM

⇄

PPROM
< 37 weeks
Preterm Premature ROM — rupture BEFORE labor PRETERM

1 Definition / Overview

PROM — TERM

- Spontaneous rupture of amniotic membranes **before labor begins** at ≥ 37 weeks
- Most patients enter labor within 24 hrs spontaneously
- Main risk: **ascending infection** (chorioamnionitis) if delivery is delayed

PPROM — PRETERM

- Rupture of membranes **before labor AND before 37 weeks**
- Leading cause of preterm birth (~⅓ of cases)
- Risks: **prematurity**, infection, cord prolapse, placental abruption, oligohydramnios

2 Pathophysiology (Simplified)

Weakening of membranes (infection, inflammation, stretch, trauma, low Vit C, smoking) → Loss of tensile strength of amnion/chorion → Membranes rupture — amniotic fluid leaks

Barrier gone → bacteria ascend → Chorioamnionitis + Oligohydramnios → Cord compression / prolapse

3 Signs & Symptoms

EXPECTED FINDINGS (ROM CONFIRMED)

- Sudden **gush** or steady **trickle** of fluid from vagina
- Fluid clear / pale-straw, may contain vernix or lanugo
- **Nitrazine test = BLUE** (alkaline pH 7.0–7.5) ✓
- **Ferning** pattern on microscope slide ✓
- Decreased fundal height (if fluid loss significant)

RED-FLAG COMPLICATIONS

- Maternal fever ≥ 100.4°F (38°C) — INFX
- Foul-smelling or cloudy fluid — INFX
- Maternal & fetal **tachycardia** — INFX
- Uterine tenderness / ↑ WBC — INFX
- **Green/meconium fluid** — FETAL DISTRESS
- **Bloody fluid** — ABRUPTION
- **Variable decels / visible cord** — PROLAPSE

4 Priority Nursing Interventions

FIRST ACTION after suspected ROM = Assess fetal heart rate (rule out cord prolapse) — then notify provider

Assess	FHR **immediately** & continuously — watch for variable decels (cord compression)	**Document**	fluid **COAT**: **C**olor · **O**dor · **A**mount · **T**ime of rupture
Confirm	ROM with sterile speculum — nitrazine + ferning (avoid digital exams)	**Monitor**	maternal temp & pulse **q 2 hr**; fetal HR baseline for tachycardia
Limit	vaginal exams — each exam ↑ infection risk	**Position**	side-lying (or Trendelenburg/knee-chest if prolapse suspected)
Maintain	bed rest w/ BRP for PPROM; pelvic rest (no tampons, douche, intercourse)	**Prepare**	PROM @ term → **induction** if no spontaneous labor in ~12–24 hr
Prepare	PPROM < 34 wk → **expectant mgmt** + steroids + abx + Mg (if <32 wk)	**Administer**	GBS prophylaxis if indicated; IV fluids; maintain asepsis
Teach	kick counts, s/sx infection, when to call the unit	**Notify**	provider for fever, foul fluid, bleeding, decreased FHR variability

5 Pharmacology

Drug / Class	Purpose & Mechanism	Key Side Effects	Nursing Considerations
Betamethasone (corticosteroid)	Accelerates fetal lung maturity — ↑ surfactant; given 24–34 wk	Maternal hyperglycemia, pulmonary edema, transient ↓ fetal movement	2 IM doses 24 hr apart; peak benefit 24–48 hr after 2nd dose; check BG in DM
Ampicillin + Erythromycin (antibiotics)	Prolongs latency, ↓ chorioamnionitis & neonatal infection in PPROM	GI upset, rash, C. diff, allergic rxn	Give IV first then PO × 7 days; always ask re: PCN allergy
Magnesium Sulfate (neuroprotectant)	Fetal neuroprotection < 32 wk (↓ cerebral palsy risk)	Loss of DTRs, resp depression, ↓ BP, flushing, warmth	Monitor DTRs, RR > 12, UOP > 30 mL/hr; antidote = **calcium gluconate**
Tocolytics (nifedipine, indomethacin)	Brief (≤ 48 hr) delay of labor to allow steroids to work	Hypotension, HA, flushing; NSAIDs → oligohydramnios & early ductal closure	NOT used if chorioamnionitis or fetal distress; monitor BP & FHR
Oxytocin (uterotonic)	Labor induction at term if PROM w/o spontaneous labor	Tachysystole, uterine rupture, water intoxication, FHR decels	Titrate per protocol; STOP if > 5 contractions/10 min or non-reassuring FHR

6 NCLEX Test Traps ⚠️

TRAP Doing a **digital vaginal exam** to confirm ROM.
CORRECT Use a **sterile speculum** + nitrazine & ferning. Digital exams introduce bacteria → infection.

TRAP Picking "call the provider" **before** assessing FHR.
CORRECT **Assess FHR first** (rule out cord prolapse) — then notify. NCLEX = assess before you report.

TRAP Treating PROM at term the same as PPROM.
CORRECT PROM @ term → **deliver** (usually induce). PPROM < 34 wk → **expectant mgmt** (steroids/abx) unless infection.

TRAP Relying on nitrazine alone when bleeding, semen, or BV is present.
CORRECT Blood / semen / BV give **false-positive** nitrazine. Confirm with **ferning** or AmniSure/ROM test.

TRAP Giving tocolytics to "protect the baby" when mom has a fever.
CORRECT **Chorioamnionitis = deliver**, do NOT tocolyze. Infection is more dangerous than prematurity.

TRAP Variable decelerations? → "Give O_2 and call HCP."
CORRECT First **reposition** (side-lying → knee-chest) for suspected cord compression/prolapse, THEN O_2, IV bolus, notify.

7 Patient Education

✅ DO

- ✓ Call unit / go to L&D immediately if fluid gushes or trickles
- ✓ Note **T**ime, **A**mount, **C**olor, **O**dor of fluid (TACO)
- ✓ Wipe perineum **front → back**
- ✓ Check temperature **2× daily** at home
- ✓ Do fetal kick counts (10 in 2 hrs)
- ✓ Change peri pad frequently to track fluid
- ✓ Report fever, chills, foul discharge, bleeding, ↓ fetal movement

🚫 DON'T

- ✗ No tub baths, swimming, or hot tubs
- ✗ No sexual intercourse
- ✗ No tampons or douching
- ✗ Don't insert anything into the vagina
- ✗ Don't ignore a gush — it's **not** just urine
- ✗ Don't skip prescribed antibiotics or steroid doses
- ✗ Don't stand up quickly if you feel something in the vagina — call for help (possible prolapse)

8 Memory Boosters & Mnemonics

TACO 🌮

Assess the fluid

T — Time of rupture
A — Amount
C — Color (clear? green? bloody?)
O — Odor (foul = infection)

PROM vs PPROM

Extra "P" = Preterm

The **first P** in PPROM stands for **Preterm** (<37 wk).
One P = Premature rupture at term.
Two Ps = the baby is **too Preterm Plus** ruptured.

FERN & BLUE

Confirming ROM

FERN pattern on slide = **F**luid is amniotic.
BLUE nitrazine = **B**asic (alkaline) fluid.
Both positive → it's amniotic fluid.

CHORIO

Chorioamnionitis red flags

Contractions/tenderness · **H**igh temp (≥100.4°F)
Odor (foul fluid) · **R**apid pulse (mom & baby)
Increased WBC · **O**utput: cloudy/purulent fluid

"FIRST ACTION" ROM Priority Ladder

When membranes rupture, NCLEX wants you to…

1. Listen to **FHR** (rule out prolapse) → **2.** Check fluid (**TACO**) → **3. Temp** & VS → **4. Position** side-lying → **5. Notify** provider → **6.** Prep for induction (PROM) or expectant mgmt + steroids/abx (PPROM)