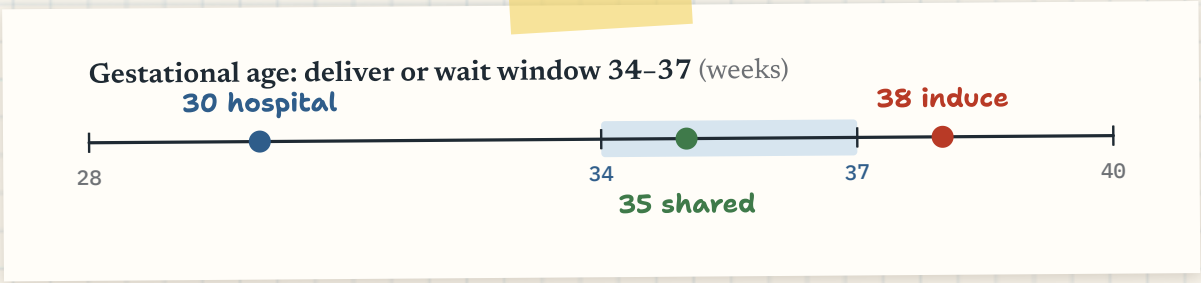
PROM vs PPROM in one page

Diagnose rupture, then manage by gestational age



Step by step

1. History: a gush, then continuous leaking
2. Sterile speculum: pooling in posterior fornix
3. Nitrazine turns blue; ferning on microscopy
4. Swab for group B streptococcus
5. Choose the plan by gestational age

Gestational age	Plan
37 weeks or later	Induce with oxytocin
34 to 36 weeks 6 days	Deliver or wait (shared decision); not past 37 weeks
Before 34 weeks	Hospital, latency antibiotics, betamethasone
Before 32 weeks, delivery imminent	Add magnesium sulfate
Any gestation	Deliver for chorioamnionitis, abruption, distress

Plan by gestational age

Rule of thumb

Same history, different plan: gestational age sets the balance

Infection risk of waiting versus prematurity of delivering

Never a digital examination unless labor is advanced

Exam traps

- Digital examination raises infection risk and shortens latency.
- Latency antibiotics are not used from 34 weeks to 36 weeks 6 days (GBS prophylaxis still applies if indicated).
- Tocolysis is not routine in PPROM.
- Expectant management of PPROM stops at 37 weeks.

PROM vs PPROM: diagnosis and management by gestational age

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/ob-gyn/prom-vs-pprom-management-by-gestational-age

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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