KETUBAN PECAH DINI

Pecahnya selaput ketuban sebelum terjadinya persalinan

Klasifikasi

1. KPD preterm) (PPROM)
2. KPD aterm (PROM)

Epidemiologi

- 6-19% pd kehamilan aterm
- 2-5% pd kehamilan preterm

Faktor Risiko

1) Faktor maternal
- infeksi
- stress maternal
- sos Ek ↓
- Anemia
- Merokok, Alkohol
- Riw. KPD
- Trauma

2) Faktor uteroplasental
- uterus abnormal
- peregangan uterus
- plasenta abruption
- perdarahan decidua
- ↓ kolagen amnion

Diagnosis

1. Anamnesis
2. PX Fisik
   - vagina pooling
   - Px spekulum
3. Px Penunjang
   - swab → curiga infeksi
   - Tes pH → 7,1-7,3
   - Tes nitrazine
   - Tes fern
   - IGFBP-1
   - Px Darah & CRP
   - USG → janin

Tata Laksana

Sesuai dengan usia gestasi

34 week

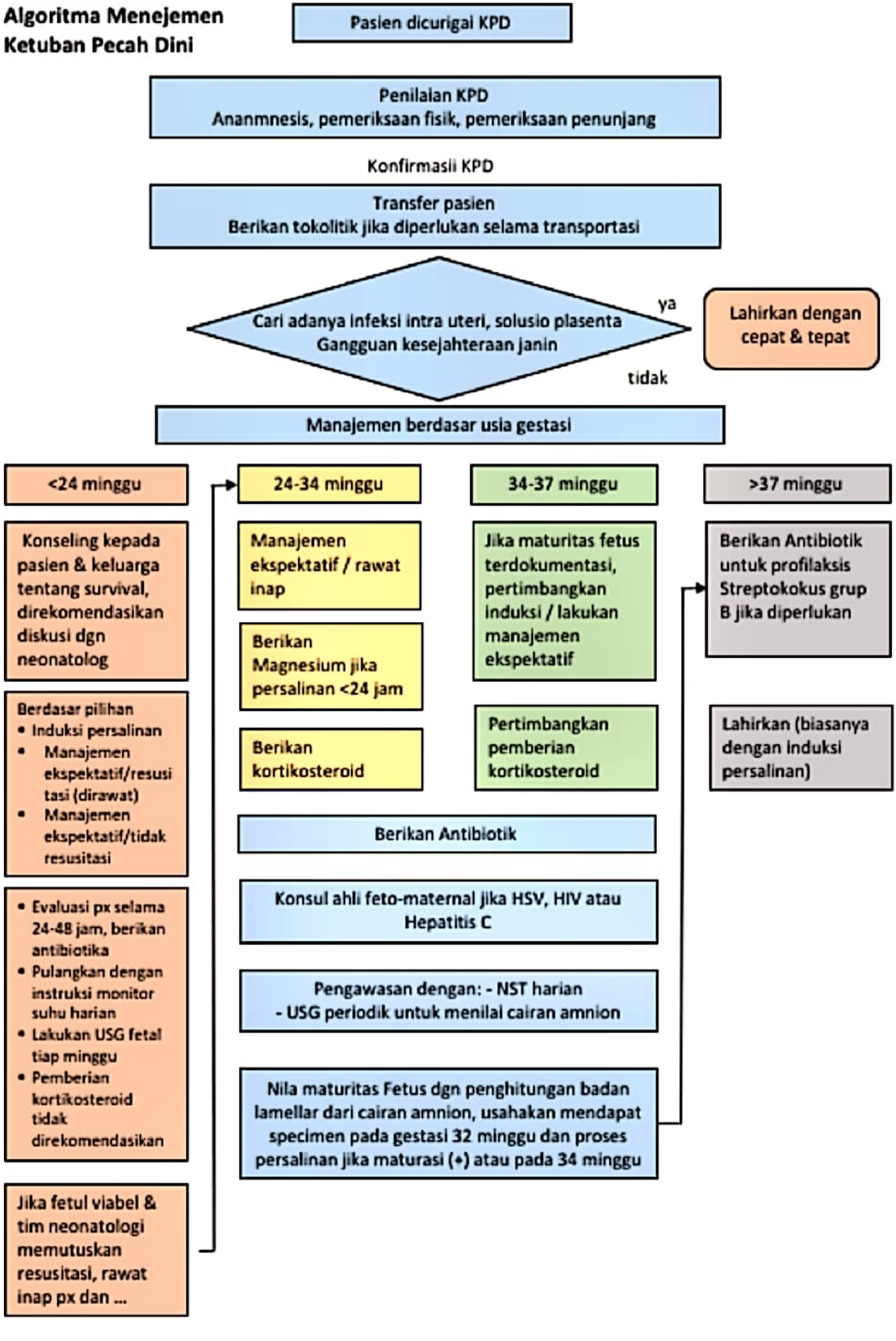
- indikasi persalinan/ expectan management
- pertimbangkan kortikosteroid
- Antibiotik
- konsul feto maternal
- NST & USG
- Antibiotik Y/profilaksis GBS
- Induksi persalinan

Komplikasi

1) Maternal
- Endomyometritis
- korioamnionitis
- sepsis

2) Janin
- kompresi tali pusat
- Disstres pernapasan

Algoritma Menejemen Ketuban Pecah Dini



ALGORITHM: MANAGEMENT OF PPROM

Patient presents with suspected PPROM

TRANSFER TO L&D
as needed, give tocolytic **ONLY** to allow transport of PPROM patients having labor contractions.

ASSESS for PPROM
Medical history and physical exam, other tests as needed.
See Assessment Notes on page 3.

CONFIRM PPROM

Evident intrauterine infection, bleeding sufficient to threaten maternal well-being, or fetal death?

yes → **DELIVER expeditiously**

no

MANAGE
per gestational age as outlined below

Less than 24 weeks

PROVIDE COUNSELING to patient and family.
Gestational age at delivery provides best estimate of chance of survival. If 22–24 weeks gestation, recommend consultation with neonatology to discuss resuscitation issues. See page 3 Notes on PPROM.

Per patient choice, either:
- **INDUCE** labor (refer to Intermountain's *Pregnancy Termination Procedure*).
- **MANAGE** expectantly/ MAKE decision to resuscitate (INPATIENT) as described at right.
- **MANAGE** expectantly/ MAKE decision not to resuscitate (OUTPATIENT) as described below.

- **CONSIDER** inpatient evalulation for 24 to 48 hours and administration of latency antibiotics
  See Medication Table (page 3).
- **DISCHARGE** to home with instructions to monitor temperature daily (call if temperature ≥ 100.4°F/38°C).
- **PERFORM** weekly fetal ultrasound

Note that corticosteroids are NOT recommended (see Measures).

If fetus reaches viability and patient and neonatology care team decide to resuscitate infant upon delivery, **ADMIT** as inpatient **AND:**

24 weeks–33 weeks 6 days

MANAGE expectantly (inpatient) as described below.

GIVE magnesium for neuroprotection if delivery at < 32 weeks is expected within 24 hrs
GIVE corticosteroid
See Medication Table (page 3).

GIVE antibiotic to prolong latency
See Medication Table (page 3).

CONSULT MFM if HSV, HIV, or hepatitis C.
If cerclage: **LEAVE IN PLACE**, unless patient has intrauterine infection or unexplained vaginal bleeding.

PROVIDE surveillance:
- **Daily nonstress test** to monitor fetal health.
- **Periodic (not daily) ultrasound to assess amniotic fluid;** if patient no longer reports leakage of fluid, do u/s to check for reaccumulation of fluid suggesting resealing of the rupture. (If resealed, the patient may be discharged home.)

34 weeks or greater

GIVE antibiotic for GBS prophylaxis as needed, following Intermountain's *Prevention of Perinatal GBS* guidelines.

GIVE corticosteroid
See Medication Table (page 3).

DELIVER
(usually by induction of labor)

24 week - 34 week

Lanjutan dri < 24 week — dirawat inap

- ada resusitasi saat dilahirkan
- dirawat

↓

Magnesium jika persalinan < 24 jam

↓

Berikan kortikosteroid.

↓

Berantibiotik

- Ampisilin
- Erythromycin
- Metronidazole

↓

Konsul feto-maternal jika ada HSV, HIV, Hepatitis C

- HSV → recurrent HSV
  - terapi HSV
  - Expectant management recommended <34
  - SC klo ada prodormal symtomp
  - primary HSV
    - HSV terapi
    - SC kalo ada active lesion
- HIV → tidak sesuai standar HIV guidline

↓

Monitoring

- Neostress Test (NST) tiap hari
  - Aktivitas bayi dlm kandungan
  - Denyut jantung janin
- USG secara periodic
  - Cek cairan amnion (klo udah normal, gaada leaked lagi. boleh pulang)

↓

Antibiotik / profilaksis GBS jika diperlukan → Lahirkan dengan induksi persalinan menggunakan oksitosin

34 - 37 weeks

mau dilahirkan — expectan management

pertimbangannya

1. Neonatal sepsis gaada bedanya
2. EM → ↑ hemorrage + korioamnionitis infeksi ibu

Lahir → ↑ respiratory distress, stay di ICU u/ bayinya

↓

pertimbangkan pemberian kortikosteroid

1. kalo sebelumnya blm pernah
2. mau dilahirkan > 24 jam / < 7 hari
3. (x) korioamnionitis

↓

Antibiotik