

- Amnionitis is an important cause of endomyometritis and puerperal sepsis.
- In extremely prolonged rupture of the membranes, the fetus may have an appearance similar to that of Potter's syndrome (eg, extraordinary flexion, wrinkling of the skin).
- If rupture of membranes occurs early in pregnancy at less than 26 weeks' EGA, it can cause pulmonary hypoplasia and limb positioning defects in the newborn.

Clinical Findings

Symptoms

- Symptoms are the key to diagnosis; the patient usually reports a sudden gush of clear or (pale yellow fluid from the vagina) of fluid or continued leakage.
- Others describe constant leakage of small amounts of fluid or a sensation of wetness within the vagina or on the perineum
- Additional symptoms that may be useful include the color and consistency of the fluid and the presence of flecks of vernix or meconium, reduced size of the uterus, and increased prominence of the fetus to palpation.

Sterile Speculum Examination

- A most important step in accurate diagnosis is examination with a sterile speculum.
- This examination is the key to differentiating PROM from hydrorrhea gravidarum (discharge of a watery fluid from the vagina during pregnancy), vaginitis, increased vaginal secretions, and urinary incontinence.
- The examiner should look for the three hallmark confirmatory findings associated with PROM:

- Broad-spectrum antibiotics should be started to treat the amnionitis.
- If the patient is not in labor, labor should be induced to expedite delivery.

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