Appendix S1. Summary of recommendations.

Patient presented to the triage

History taking and physical assessment

Microscopic test for “ferning”

Stable

37 weeks or more

| 2b | Hospitalization is superior to home management |
| 1b | Ultrasound examination of fetal presentation (superior to clinical examination) |
| 1a | Prophylactic antibiotics if GBS is positive |
| 5  | Treatment of suspected chorioamnionitis based on clinical criteria |
| 1a | Immediate induction of labor is superior to expectant management |
| 1b | Oxytocin induction is recommended |
| 5  | Vaginal irrigation with povidone-iodine 1% prior to CD |

34 - 37 weeks

| 1a | Expectant management to 37 weeks may be an option * |
| 1a | Prophylactic antibiotics if GBS is positive or unknown |
| 5  | Administration of latency antibiotics if managed conservatively |
| 1a | Administration of late preterm steroids |

< 34 weeks

| 2b | Hospitalization – Home care should not be offered routinely |
| 3b | Monitoring of fetal heart rate and uterine contractions |
| 2a | WBC and CRP are not useful in detecting early chorioamnionitis |
| 1a | Magnesium sulfate should be given for neonatal neuroprotection before 32 weeks |
| 1b | Parenteral and/or oral antibiotics “latency” are recommended |

Preivable

Antenatal steroids do not improve outcome prior to age of viability

CD= Cesarean Delivery, WBC= White Blood Cell, CRP = C-Reactive Protein