

PRE-LABOUR RUPTURE OF MEMBRANES AFTER 37 WEEKS OF PREGNANCY (PROM)

This leaflet will inform you about your options if your 'waters break' after 37 weeks of pregnancy



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University Health Board

WHAT HAPPENS WHEN MY WATERS BREAK?

In the majority of pregnancies, waters break during labour. This might be spontaneously or your midwife/doctor might break your waters for you.

In approximately **10% of pregnancies**, the waters break before labour. This is known as pre-labour rupture of membranes or PROM.



You may notice a 'popping' sensation followed by a trickle or gush of fluid that you cannot control. Your underwear may feel damp. The fluid can be clear, pale straw colour or pink.

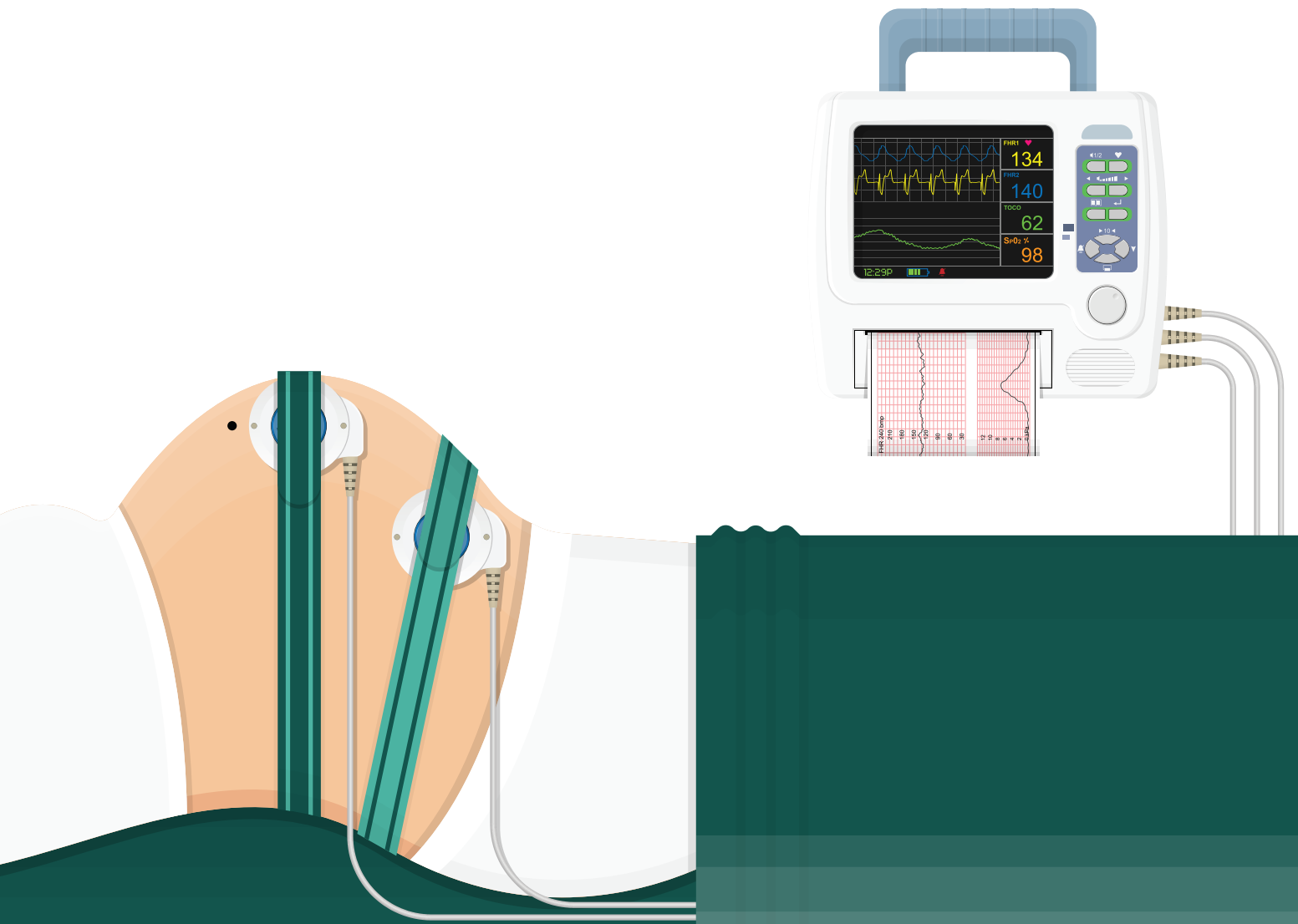
If you think your waters have broken, please call the maternity unit for advice and to arrange an assessment. You can wear a sanitary pad to monitor the fluid you are losing.

WHAT HAPPENS NEXT?

The midwife will ask you to attend the hospital for an assessment.

When you arrive, the midwife will perform an antenatal check of the following:

- » Your temperature, blood pressure, heart rate and respiration rate
- » A urine sample
- » Measurement and palpation of your abdomen to determine what position your baby is in
- » Assessment of vaginal discharge
- » Baby's heart rate – you may be offered a CTG depending on your individual needs. This is a continuous monitoring of the heart rate for approximately 20 minutes



HOW IS PROM DIAGNOSED?

It may be obvious from the amount of fluid you are leaking if your waters have broken. The midwife may ask to see your sanitary pad for the presence of fluid.

If it is not clear, the midwife will offer further testing such as:

- » Vaginal examination with speculum (like smear test) – the midwife may see a pool of fluid at the top of your vagina which confirms PROM
- » Swab sample taken from around cervix followed by dipstick test to confirm PROM

WHAT ARE THE RISKS OF PROM?

The chance of infection increases from 0.5% with intact membranes to 1% after membranes rupture.

The chance of infection increases as the time between rupture of membranes and time of birth increases.

Infection within the womb (intrauterine infection can increase the chance of your baby becoming very poorly or dying in the womb).

Infection within the womb can also cause serious illness for you.

WHAT ARE MY OPTIONS?

If PROM is not diagnosed and there are no other problems or signs of infection, you can be discharged home and resume your previously planned care.

If PROM is diagnosed, you can choose between immediate induction of labour or expectant management for 24 hours.

Approximately 6 out of 10 women will labour spontaneously

within 24 hours of PROM at term without the need for induction of labour.



IMMEDIATE INDUCTION

If you opt for immediate induction, you will be admitted to the induction ward once a bed becomes available. You may be offered a hormone gel on the induction ward or you may be transferred to the delivery suite for the hormone drip.

There is low quality evidence that immediate induction may reduce the chance of infection to you and your baby. However, the overall chance of infection is low within the first 24 hours. There is no increased chance of Caesarean birth with induction.

Immediate induction may be recommended if you have previously been told that you have Group B Streptococcus (GBS) or if there are concerns about yours or your baby's wellbeing.

EXPECTANT MANAGEMENT

If you opt for expectant management, an appointment will be made for you to return to the induction ward 24 hours after your waters have broken.

You may be offered a hormone gel on the induction ward or the hormone drip on Delivery Suite. This will depend on your individual assessment by the midwife. It is not recommended that you delay induction after 24 hours due to the increasing chance of infection. If you wish to delay your induction, please tell your doctor or midwife so that extra monitoring can be put in place for you and your baby.

Don't forget to use your BRAIN when making decisions about your care

B - Benefits

What are the benefits of this procedure?
How can this positively affect the baby?

R - Risks

What are the risks to consider?
What other procedures may follow this?
Will this change how I am required to labour?

A - Alternatives

What are the alternatives?
Are there other options?

I - Intuition

What does your gut tell you?
How does your partner feel?

N - Nothing

What if we choose to do nothing?
Can we make a decision in an hour?



IF I GO HOME, WHEN SHOULD I SEEK HELP?

If you go home after your waters have broken. Please contact the hospital if you experience any of the following:



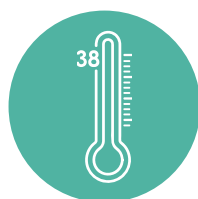
Your waters become smelly or change colour
(become green or brown).



You have any fresh red bleeding
(not including a mucousy show).



Your baby is moving less than normal.



You become unwell with flu-like symptoms
(sweating, shivering, muscle aches).
Your temperature is above 37.5



Your contractions become regular and strong
OR **You have constant abdominal pain and your abdomen feels tender**

We recommend that you check your temperature **every 4 hours**.

This can be recorded in the table below:

DATE	TIME	TEMPERATURE

You can eat and drink normally at home whilst you are waiting for labour to start. Bathing or showering has not been shown to increase the chance of infection. AVOID having sexual intercourse as this may increase the chance.

AFTER THE BIRTH

If you or your baby is suspected to have an infection, we may recommend that you stay in hospital for at least 12 hours for observation. You and your baby may be offered treatment with antibiotics. This will depend on your own personal situation.

CONTACT NUMBERS

Induction of Labour Ward: **02921 846185 (24 hr)**

Delivery Suite: **029 20748565 / 2679 / 2686 (24 hr)**

Midwife Led Unit: **02920 745196 (24 hr)**

Obstetric Assessment Unit: **02920 744658 (24 hr)**

Postnatal Ward: **02920 743343 (08:00 – 20:00)**

Antenatal Clinic UHW: **02920 742288 (09:00 to 16:00)**



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