

Prelabour rupture of membranes after 37 weeks

If your waters break after 37 weeks of pregnancy before you go into labour, this leaflet will give you information on your care and what to expect. If you have any other questions or concerns, your midwife or doctor will be happy to discuss them with you.

Introduction

Your baby grows in a fluid filled sac made up of two membranes (the inner amnion and outer chorion). The fluid is the amniotic fluid.

In the majority of pregnancies the membranes rupture (waters break) during labour, either spontaneously or by being broken by a midwife or doctor.

Sometimes (about 10% of women) the waters break before labour. This is called prelabour rupture of membranes (PROM). PROM can pose a risk to you and your baby because of the increased likelihood of infection (sepsis).

Why do membranes rupture before labour?

It is not yet fully understood why membranes sometimes rupture early, but infection seems to have an important role in some cases. There is evidence that bacteria from the vagina can cross intact amniotic membranes.

What are the risks of prelabour rupture of membranes?

- The risk of infection increases from 1: 200 (membranes intact) to 1:100 (membranes broken).
- Even if infection was not the cause of PROM, once the membranes have ruptured your baby is then at increased risk of getting an infection because the barrier to infection given by the intact membranes has been lost.
- The risk of infection increases as the time between rupture of membranes and birth increases.
- Infection within the womb (intrauterine infection) increases the risk of your baby becoming very ill or dying in the womb, and the infection can also have serious consequences for you.

How is PROM diagnosed?

We diagnose PROM from what you tell us and from investigations we carry out:

- It may be obvious from the amount of fluid leaking that your waters have broken.
- Vaginal examination with a sterile speculum. If your waters have broken we can often see a pool of amniotic fluid at the top of your vagina, which confirms PROM.
- If we can't see a fluid leaking, or a pool of fluid during a speculum examination, we cannot confirm that PROM has happened.

What happens next?

During your appointment with us, we will do an antenatal check:

- A check of your temperature, blood pressure, heart rate (pulse) and respiration rate.
- A check of your urine.
- Measurement and palpation of your abdomen to check the baby is growing well, to see what position the baby is in, and to ensure there is no abnormal tenderness.
- An assessment of any vaginal discharge.
- A check on your baby's heart rate. You may be advised to have a period of continuous monitoring for at least 20 minutes using a 'CTG' monitor, depending on your risk factors.

If there is any suspicion of infection from these checks, we will offer some additional tests:

- A blood test. The result from this is available within a few hours.
- A swab from the vagina. This is usually done during the speculum examination and the result from this is available in 2-3 days.

A plan for your care

No evidence of PROM and no evidence of infection

If we cannot confirm PROM and there are no other problems, including no signs of any infection, you can go home and resume your previously planned antenatal care.

Evidence of PROM and no evidence of infection or other problems

We will advise 'expectant management' (wait for labour to happen) for 24 hours, because there is no evidence that neonatal infection is increased by waiting for this time.

Around 60% of women whose waters break before labour at term will go into labour within 24 hours. If this happens, and there are no signs of infection, you can continue with your plan to deliver on a midwife led unit, if that is where you have been booked to have your baby.

If you do not go into labour within 24 hours, you will be offered a choice between continued expectant management or induction of labour. To enable you to make this choice you need to know that:

- The risk of serious neonatal infection increases from 1:200 to 1:100 if your waters have been broken for more than 24 hours before you go into labour.
- The risk of maternal and neonatal infections increases with increasing time between rupture of membranes and birth.
- Bathing and showering has not been shown to increase the risk of infection, but having sex may increase the risk.
- You need to take your temperature about every 4 hours (when you are awake). You can use this box to record your temperature:

Date	Time	Temperature

- You need to watch out for any signs in the box below:

If you are at home and your waters have broken, please contact us straight away if:

- Your waters become smelly or you see any brown or green discharge, or any blood in the waters
 - If you lose any free-flowing blood, rather than just blood-stained mucus expected in a show.
 - If your baby seems to be moving less than usual
 - If your temperature is more than 37.5 °C on one occasion, or more than 37.2 °C on two occasions within 2 hours.
 - If you feel unusual tenderness on your abdomen
 - If you feel generally unwell
- There are no differences in the rates of assisted birth (ventouse and forceps) or caesarean section between induction of labour after 24 hours and expectant management for up to 96 hours (4 days).
 - You also need to read the information leaflet on Induction of labour.

Evidence of PROM and evidence of infection or other problems

The following signs might indicate that you have an infection:

- Your temperature and pulse are abnormal
- Your baby's heart rate is abnormal
- There is meconium or blood in the amniotic fluid
- You have an offensive vaginal discharge
- You have uterine tenderness

In these circumstances, you will be advised to come into hospital and to have induction of labour as soon as possible. You may be advised to take a course of antibiotics.

Known colonisation with Group B streptococcus (Group B Strep or GBS)

This would be a reason to advise induction of labour as soon as possible, with antibiotics in labour.

Induction of labour

You should be given a leaflet about induction labour. Please note that there is no evidence that caesarean section improves the outcome for babies in the presence of infection. Your birth will therefore be vaginal unless other reasons indicate the need for a caesarean birth.

After the birth

Your postnatal care will depend on your individual situation. If you or your baby is suspected to be at risk of infection, you will be advised to stay in hospital for at least 12 hours for observation. If a baby is going to develop an infection, it happens within 12 hours in 90% of cases.

If you or your baby has an infection, you will be treated with antibiotics and advised to stay in hospital until observations are stable and it is safe for you to go home with oral medication.

When you go home

Please read the chapter on 'Caring for your baby at home' in the 'After the birth' booklet you are given after birth. This describes common problems with newborn babies, and potentially serious problems when you need to get help straight away.

The chapter, 'Caring for yourself at home' describes any potentially serious problems for you.

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information: www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics. www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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