

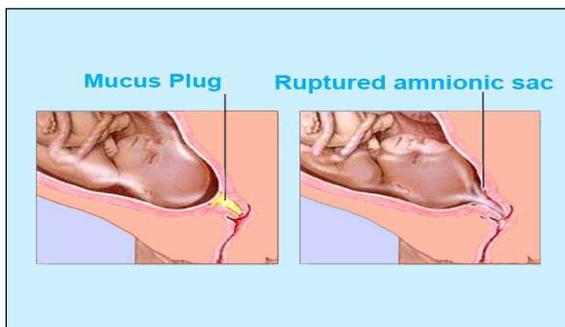


When your waters break early (Pre labour rupture of membranes at term)

A guide for women and whaanau

What is spontaneous rupture of membranes?

Spontaneous rupture of membranes (SROM) is commonly known as 'breaking the waters'. Your baby is in a bag of fluid in your uterus (womb).



When there is a break in this bag allowing the fluid to leak out, it is known as rupture of membranes.

In 8% of term pregnancies, spontaneous rupture of membranes occurs before the onset of labour. ^[1,2]

How do you know your membranes are ruptured?

Lots of women will experience:

- A gush of fluid which feels like passing urine but is unexpected and cannot be controlled. The fluid (liquor) has a different smell to urine and is usually paler in colour.

- Other women may have a trickle of small amounts of fluid either constantly or every now and again. As before, you will not be able to stop the flow.

What should you do if your membranes rupture?

- Put on a sanitary pad so we can see the fluid
- Call your midwife (self-employed midwife) or the maternity unit you are booked to have your baby in

There are many different experiences so the best advice is that if you think your waters have broken, talk to your midwife or your maternity unit.

You will be asked whether you are:

- having any pains,
- what colour the fluid is and
- if your baby is moving as usual.

Please also tell us if you are feeling unwell, such as symptoms of the flu.

There is a small risk of intrauterine infection (womb infection) and neonatal infection (baby getting an infection during labour) that increases with time between rupture of membranes and delivery. ^[3] The management of SROM at Term is thus aiming to balance unnecessary intervention while minimising risks of infection for you and baby.

This will help us to decide if your membranes have ruptured, at what time and how your baby is now.

What will happen next?

Most likely you will be invited to see the midwife at the hospital or birthing unit so we can check if your waters have broken. You will have a check very much like your routine pregnancy checks to make sure all is well.

If you are not having regular contractions, you are not likely to be in labour. If we cannot see fluid on your pad we can perform a speculum examination which allows us to look into the vagina for fluid.

My membranes have ruptured; what happens now?

If all is well you will be able to return home to wait for labour. You will be given a date and time to return if labour does not start itself.

Most women will go into labour in the following days after SROM; 70% within 24 hours, 85% within 48hours, and 95% within 96 hours. ^[2]

Important!

Although the fluid can be clear or a little pink in colour, it is sometimes red or green/brown. You need to speak to a midwife if you suspect your membranes have ruptured but if the colour is red or green, this needs to be done immediately and you will be asked to come into your maternity unit to be checked straight away. Either of these colours can mean that your baby may be having problems.

What are the risks?

The main risk is of infection; some infection may be present already but not in all women.

Infection is more likely when the membranes have been ruptured for a length of time. The bag of fluid is baby's protection from bacteria that may live normally in or around the vagina.

A rare risk is the umbilical cord dropping through the opening in the membranes. This is an emergency situation and the information contained in this pamphlet does not apply to that.

Research tells us that as long as certain guidelines are followed, the risk of infection does not increase to a worrying level by waiting.

Those guidelines are;

Contact your midwife if:

- ◆ The fluid changes colour to red or green/brown, or becomes smelly
- ◆ You feel unwell such as flu like symptoms; feeling hot or cold
- ◆ You are concerned about your baby's movements.
- ◆ You are having regular contractions and think you may be in labour.

You need to avoid:

- ◆ Sexual intercourse.
- ◆ Self examination.
- ◆ Abdominal massage

But it is fine to shower.

Do I need Antibiotics?

Antibiotics can help reduce the risk of infection to baby. There is more than one way to manage this part of your pregnancy. Because the chance of starting labour without help is high, you may not need Antibiotics. If you have any risk factors like GBS, iv antibiotics maybe started immediately.

If you need to be induced, the antibiotics will be started when you have your first internal examination (or had your membranes rupture over 18 hours ago).

What happens when I come back to hospital?

When you return we will examine you to see how close you are to labour. This will tell us the best way to induce your labour.

There are two main methods:

1. We can give hormone gel near your cervix (opening to uterus) once or twice
2. Or a hormone drip.

The method best for you will be explained by the midwife/doctor caring for you at that time. Please read the Induction of Labour pamphlet for more details.

Will this change my plans for early discharge home with my baby?

If your baby is born within 18 hours of your membranes rupturing, you can go home as planned.

If your baby is well and was born following SROM over 24hrs or you have had one or more doses of antibiotics, it is advised that baby is monitored in hospital (taking babies temperature, pulse and respiration rate before it feeds) for the next 12 hours, or longer if needed.

But please remember.....

Every case is individual and we recommend that you discuss your situation with those caring for you.

[CMDHB produce other pamphlets that will give more information about coping with early labour, induction of labour and pain relief](#)

References

1. Marowitz A, Jordan R. Midwifery Management of Prelabor Rupture of Membranes at Term. J Midwifery Womens Health 2007;52:199–206 © 2007. American College of Nurse-Midwives.
2. RANZCOG (2014) College Statement – Term prelabour rupture of membranes (Term PROM). C-Obs-36. (<http://www.ranzcog.edu.au/womens-health/statements-a-guidelines/college-statements-and-guidelines.html?showall=&start=1>)
3. Hannah ME, Ohlsson A, Farine D, Hewson S, Hodnett E, Myhr T. Induction of labor compared with expectant management for prelabor rupture of the membranes at term. TERMPROM. New England Journal of Medicine 1996, Apr 334(16), 1005-10.
4. CMH (2011) Guideline: Spontaneous Rupture of Membranes (SROM) at Term. Internal access only.

	Department: Women's Health	Updated: May 2017
	Approved by: Director of Midwifery	
	Document Owner: Midwife Educator	Review: May 2020