What can I expect after my baby's birth?

The biggest risk to the baby after PPROM is prematurity. Infection can also be a problem. If there is a chance that your baby will need specialised care after birth, the staff from the Newborn Intensive Care Unit (NICU) will be at your delivery to care for your baby. They will continue to care for your baby, if needed. If your baby does not need special care, the baby will go to the newborn nursery. How much care your baby will need after delivery depends on many factors such as gestational age, length of time the membranes were ruptured and whether the baby has an infection. Your baby will probably need antibiotics and may need help breathing.

Every case is different

If your baby is born at or near your due date and has no problems, you can expect the baby to go home with you. Many premature babies go home when they reach about 36 weeks gestation. Some babies go home before or after this time. If a baby has been doing well and just needs to grow bigger, the baby may be transferred to a hospital closer to your home. The baby's doctors and nurses will keep you informed of how your baby is doing and will work closely with you so that your baby can go home as soon as possible.

Questions

If you have questions, please ask your doctor for more information.

For more information please contact your local NZMFMN Unit

Auckland District Health Board
Te Toka Tumai

Auckland: 09 307 4949 ext 24951

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Wellington: 04 806 0774

Canterbury District Health Board
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Preterm Pre-Labour Rupture of Membranes (PPROM)

New Zealand Maternal Fetal Medicine Network

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What is preterm pre-labour rupture of membranes (PPROM)?

Your baby is surrounded by a sac of amniotic fluid. Some people call it the bag of waters. In most cases, this sac breaks during labour. PPROM occurs when your waters break before labour begins and more than three weeks before your due date. You may notice a gush of fluid, a slow leak or a trickle from the vagina.

Why does it happen?

The reason why this happens is not known. There is nothing you could have done to cause or prevent this. PPROM occurs for many different reasons. Women who smoke cigarettes, have had bleeding during pregnancy or whose waters broke before they went into labour in a previous pregnancy are more likely to have PPROM. Uterine contractions, too much amniotic fluid (polyhydramnios), or infections can cause the membranes to weaken and break.

How often does it happen?

PPROM occurs in 2 out of every 100 pregnancies.

How is it diagnosed?

If you are leaking a lot of amniotic fluid, the diagnosis is easy. The doctor will do a pelvic exam to look for amniotic fluid leaking from the cervix. A speculum will be inserted much like when a Pap smear is done. An ultrasound will tell if there is less amniotic fluid around your baby.

What happens now?

You and your doctor will talk about whether it would be better for the baby to be born now or to continue inside you. PPROM very early in pregnancy (less than 24 weeks gestation), may be treated at home returning to the hospital when the baby is around 24 weeks gestation.

In cases where the membranes have ruptured very early, less than 20 weeks gestation, the outlook can be very poor and some women, after counselling, choose not to continue the pregnancy and have a termination of pregnancy. If your membranes break after 24 weeks gestation and your due date is not close, you will probably need to stay in the hospital, at least initially while your health and your baby's health are checked. The doctors and nurses will watch for any signs of infection or other problems. Sometimes after initial hospital admission, it may be possible to go home and be seen 2-3 times a week for a check up at the hospital - out patient may not be necessary. No matter when your due date is, if you or the baby show signs of infection or other problems, the baby will need to be delivered.

Will I deliver prematurely?

It is likely that you will deliver prematurely. Delivery within one week is common. There is no way to tell how long the pregnancy will continue after your membranes break.

If all goes well, your labour will be induced around 34-36 weeks gestation.

What will be done for me in the hospital?

The treatment you receive will include monitoring of the baby's heartbeat (CTG) cardiotocograph. Two belts will be placed around your belly for about 30 minutes to record the baby's heart beat and any uterine contractions. Amniotic fluid will leak from the vagina when you get up. Do not worry. Your baby will keep making amniotic fluid during pregnancy. Antibiotics are given to prevent infection and may be given by mouth. You may be given a steroid.

This medicine is usually given twice as an injection, 24 hours apart. It helps the baby's lungs to develop and will lessen the chance of breathing or other problems after birth. Sometimes this medicine may be given weekly until 32 weeks. Steroids can increase your blood sugar, so in some cases this will need dose monitoring.

How will this affect my pregnancy?

PPROM can lead to other problems such as premature labour, infections of the mother or baby, kinking of the umbilical cord, delivery of the umbilical cord before the baby (prolapsed cord) and poor growth of the baby's lungs. The sac around your baby helps to protect the baby from germs that normally live in the vagina. When this sac breaks, these germs can cause an infection in the mother and/or baby. This is called chorioamnionitis.

The umbilical cord could get pinched with less fluid to protect it during uterine contractions or when the baby moves. In rare cases, the umbilical cord can come out of the vagina before the baby is born (prolapsed cord). An emergency delivery would be needed because the baby would not be able to get oxygen. Without enough amniotic fluid, the baby's lungs may not grow well.

If the lungs are too small, (this is called pulmonary hyperplasia), it may be hard or impossible for the baby to breathe after birth. This problem is unusual when PPROM has occurred after 24 weeks gestation.

If you have backache, pelvic pressure, abdominal pain, vaginal bleeding, or your baby is moving less often, you must tell your nurse or doctor **immediately**. Your baby may need to be delivered soon.

How will my baby be delivered?

Unless there are other problems with your health or your baby's health, you will have a vaginal delivery. A caesarean delivery will be needed if the umbilical cord is born before the baby or may be needed if the baby is not in a head down position.

Sometimes with a breech position when a plan has been made for a caesarean section, the baby is too low in the pelvis at the time the decision to deliver is made. In that situation, it may be more difficult to deliver by caesarean and the doctor may advise vaginal breech delivery.