

When your waters break before labour



When your waters break

Your unborn baby is surrounded by amniotic fluid or 'waters' contained within a membrane bag. When your bag of waters break, it is often referred to as 'spontaneous rupture of membranes' (SROM). Around 8% of term pregnancies (over 37 weeks) will result in waters breaking before labour begins. Around 2% of pregnancies will experience their waters breaking prematurely (before 37 weeks) – this is referred to as 'premature rupture of membranes' (PPROM).

This leaflet explains:

- how a diagnosis is made
- what this diagnosis means for you and your baby
- what antenatal care you can expect
- what treatments we offer.

How will I know if my waters have broken?

You may notice a gush of fluid from your vagina and you will need to wear a sanitary towel. The fluid is usually a clear/straw or pinkish colour. The amount of fluid you lose may vary from a slow and intermittent trickle to a gush.

What should I do if I think my waters have broken?

If you think you are leaking fluid from your vagina, wear a pad and note the time, the colour and the amount of fluid. Leaking urine and increased vaginal discharge is common while you're pregnant, so it is important to check that the fluid is not urine. Leaking amniotic fluid does not smell like urine. If you think the fluid is amniotic fluid, contact the **Maternity Triage Line on 01872 258000**.

What should I do at home?

When you are waiting for your assessment, and after your assessment has confirmed that your waters have broken, you will be advised to:

- check your temperature every 4 hours (during waking hours) and report a raised temperature of over 37.4°C or if you begin to feel unwell or feverish
- observe the fluid that you are leaking and report any change in colour or any offensive smell to your vagina or fluid

- closely observe your baby's movements and report any changes
- do not have sexual intercourse
- report any vaginal bleeding.

If you need to report any of the above, call the Maternity Advice Line immediately on 01872 258000.

What happens if my pregnancy is term (37 weeks or over)?

An appointment will be arranged for you to see a midwife within 12 hours of you suspecting your waters have broken or sooner following your individual telephone assessment. During your assessment, the midwife will undertake a full antenatal examination and take a history from you. Your midwife may offer all or some of the following to assess if your waters have broken:

- take a full description and history
- inspection of the pad you are wearing
- offer an amniosense pad – this is a diagnostic maternity pad which changes colour if your waters have broken. However, it may also change colour for other reasons, such as if you have vaginal thrush. A further examination would be offered if it does change colour to confirm the diagnosis.
- vaginal examination with a speculum, which may involve a swab test to see if there is any evidence of amniotic fluid in your vagina.

If it is confirmed that your waters have broken, induction of labour is appropriate 24 hours after your waters have broken, though you may opt to start your induction straight away. 60% of women whose waters break will start labouring naturally within 24 hours and over 91% within 48 hours. If you choose to wait, the midwife will recommend an induction of labour no later than 24 hours from your waters breaking due to the slightly raised risk of infection to your baby.

If you choose not to accept an induction of labour at 24 hours, an individualised plan will be made for you to see a midwife at pre-planned appointments and you should continue to follow the previous advice of monitoring you and baby (see 'what should I do at home?'). If you choose to continue with your pregnancy for more than 72 hours after your waters have broken, you will be advised to speak to a senior obstetrician (doctor) to ensure you are fully informed of the risks.

What are the risks of infection if I am 37 weeks or over?

1% of babies born where the waters have broken before labour may develop an infection in the neonatal period, rather than 0.5% of babies whose waters did not break before labour. Due to this increased risk if you have not started labouring, you will be advised to stay in hospital for the first 12 hours following the birth of your baby so that your baby can be observed closely for signs of developing infection.

Observations you will be offered for your baby are not invasive (they should not cause any distress to your baby) and include:

- respiratory (breathing) rate
- heart rate
- temperature
- any signs of respiratory (breathing) concerns
- general wellbeing.

When you have been discharged home with your baby, you should report immediately through the Maternity Advice & Triage Line 01872 258000 if you have any concerns regarding your baby's feeding pattern or wellbeing, particularly in the first five days of life.

What happens if my pregnancy is pre-term (under 37 weeks)?

If you think your waters have broken and you are less than 37 weeks pregnant, you will be asked to come to the Royal Cornwall Hospital for an assessment. You will receive an antenatal assessment by a midwife, which will also include monitoring your baby's heart rate on a CTG. A doctor will then offer to complete your assessment, which would involve a speculum examination and possibly a swab test to see if there is any evidence of amniotic fluid in your vagina to confirm or discount PPROM.

PPROM carries a risk of developing an infection inside your uterus, which may lead to you going into labour prematurely. If there are no signs of labour, your pregnancy may continue for weeks or months.

If PPROM is confirmed, you will be advised to stay on the antenatal ward for two days due to the increased risk of infection and immediate possibility of going into labour. You will also be offered:

- blood tests to check for infection markers
- 10 day course of antibiotics
- regular observations and monitoring of your baby.

If you are between 24 and 34+6 weeks of pregnancy, you will be offered steroid injections (two doses, 24 hours apart) to help with the development of your baby's lungs and reduce the chances of problems caused if your baby is born early.

If you are discharged home after 48 hours, you will have an individualised plan of care made for monitoring the health and wellbeing of you and your baby, such as regular scans and midwife appointments. You should also always follow the previous monitoring advice of 'What should I do at home?'.

When is the right time to give birth if my waters break before 37 weeks?

Once your waters have broken, continuing with your pregnancy reduces the risk of your baby having problems through being born prematurely, but at a slightly increased risk of an infection in your uterus (womb). You will have an opportunity to discuss the optimal time for your baby to be born when you are in the hospital or during a clinic appointment with your consultant. Unless you start labouring naturally before, or there are concerns regarding yours or your baby's health and wellbeing, you are likely to be offered an induction of labour at 37 weeks.

Where can I find research and evidence?

You can find further research and evidence on the National Institute of Clinical Excellence (NICE) and Royal College of Obstetrics and Gynaecology (RCOG) internet sites, which RCHT local guidelines and information is based on. You can also find links on these website to the research which informs the national guidance.

Any questions?

If you have any questions please talk to your community midwife or if it is urgent, please call the Maternity Triage & Advice Line on 01872 258000 where you can speak to a midwife 24 hours per day.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

