

Premature Rupture of Membranes in Pregnancy (When your waters break early)

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About this information

Your unborn baby is surrounded by fluid or 'waters' contained within a membrane bag inside your womb. Breaking of the waters is also known as rupture of the membranes. Normally your waters break shortly before or during labour. If your waters break before labour at less than 37 weeks of pregnancy, this is known as preterm prelabour rupture of membranes (PPROM). Up to three out of every 100 pregnant women (3%) experience this.

This information leaflet is for you if you think or have been told that your waters have broken early (between 24 and 37 completed weeks of pregnancy).

It tells you about:

- how the diagnosis is made
- what this diagnosis may mean for you and your baby
- what extra antenatal care you can expect
- what treatments there are.

How will I know if my waters have broken?

You may notice a 'gush' of fluid or you may feel damp. The fluid (known as amniotic fluid) is a clear or pinkish colour. Sometimes the fluid may be a green-brown colour or slightly blood-stained. The amount of fluid you lose may vary from a trickle to a gush.

What should I do?

If you think that you are leaking fluid from your vagina, wear a pad (not a tampon) and note the colour and amount of the fluid. Leaking urine is common while you're pregnant and therefore it is important to check that the fluid isn't urine. Leaking amniotic fluid does not smell like urine. If you are unsure and think the fluid is amniotic fluid, you should contact the delivery suite on 0151 430 1502 and the midwife will give you advice about what to do next.

What happens at the hospital?

You will have a check-up which should include:

- a discussion with your doctor or midwife about whether you have experienced this in a previous pregnancy (if it has happened before, it is more likely to happen again)
- a check of your general health, including an examination and a check of your temperature, pulse and blood pressure
- a check of your baby's heartbeat.

How is PPROM diagnosed?

- PPROM is best diagnosed by a vaginal inspection. With your permission, your doctor or midwife will use a speculum (an instrument used to separate the walls of the vagina) to look at your cervix (entrance to the womb) and see if the leaking fluid is amniotic fluid. Your doctor or midwife will also be able to see if the cervix is changing in preparation for labour.
- A swab will usually be taken at the time of the vaginal examination to check for infection.
- A swab test of the fluid may help to decide if your waters have broken if it is still unclear after the speculum examination.
- An ultrasound scan to estimate the amount of fluid around your baby is sometimes considered helpful.

What happens next?

- **If your waters have not broken**, you should be able to go home. If only a very small amount of amniotic fluid leaks at first, it is not always easy to confirm that your waters have broken. If you continue to leak fluid at home, you should return to the hospital for a further check-up.
- **If it is not clear whether your waters have broken**, you may be advised to wear a pad and stay in hospital for a few hours. If your waters have broken, your pad will be wet.
- **If your waters have broken**, you will be advised to come into hospital for at least 48 hours. You and your unborn baby will be closely monitored for signs of infection. This will include having your temperature and pulse taken regularly, and your baby's heart rate will also be monitored.

What could PPROM mean for me and for my baby?

Preterm birth

- About 50% of women with PPROM will go into labour within the first week after their waters break. The further along you are in your pregnancy the more likely you are to go into labour within 1 week of your waters breaking.

Infection

- The membranes form a protective barrier around the baby and, after these have broken, there is a risk of infection getting into the womb. If you have an infection, this can cause you to go into labour early or cause your baby to develop sepsis.
- The symptoms of infection include a raised temperature, an unusual vaginal discharge with an unpleasant smell, a fast pulse rate and/or pain in your lower abdomen. Your baby's heart rate may also be faster than normal. If there are signs that you have an infection, your baby may need to be born straight away to try to prevent both you and your baby becoming more unwell.

Problems of prematurity

Babies born prematurely have an increased risk of health problems, particularly with breathing, feeding and infection, and may need admission to the neonatal unit. The earlier your baby is born, the more likely that this will be the case.

If your waters have broken early, your doctor will discuss with you the possible outcomes for your baby, depending on how many weeks pregnant you are when this happens and on your individual circumstances.

If you experience PPROM, sometimes your baby may not survive. The risk of this happening is greater if your waters break very early, if the baby is born prematurely or, in some cases, following infection or cord prolapse.

Are there any treatments for PPROM?

It is not possible to replace the fluid or repair the hole in the membranes around your baby.

The baby's kidneys will continue to produce amniotic fluid so you may carry on leaking fluid for the rest of your pregnancy. However, treatment may be offered to reduce the risk to your baby.

This may include:

- A course of antibiotics to reduce both the risk of an infection getting into the uterus (womb) and affecting both you and your baby. Antibiotics can also help to delay you going into labour.
- A course of two steroid injections (corticosteroids) to help with your baby's development and to reduce the chance of problems caused by being born preterm.
See the RCOG Patient Information: *Corticosteroids in pregnancy to reduce complications from being born prematurely*.
(www.rcog.org.uk/womens-health/clinical-guidance/corticosteroids).
- Magnesium sulfate, a medication that may be offered to you if your baby is at risk of being born very prematurely; this can reduce the risk of them developing cerebral palsy.
- Intravenous antibiotics (if you are in preterm labour) to reduce the risk of early onset Group B Streptococcus (GBS) infection.
See the RCOG patient information: *Group B Streptococcus (GBS) in pregnancy and newborn babies*.
www.rcog.org.uk/en/patients/patient-leaflets/group-b-streptococcus-gbs-infection-pregnancy-newborn-babies

Do I need to stay in hospital?

You will usually be advised to stay in hospital for 48 hours after your waters break to monitor both you and your baby for signs of infection. Your doctor may discuss your option of going home after that. If you do go home, your doctor and midwife will discuss with you the signs of infection to look for.

It is very important that you:

- Check that your temperature is normal twice a day (a normal temperature is 37°C or less) and record your temperature on the chart at the back of this leaflet.
- Wear a pad and check that the colour of the fluid does not change (see below).
- Avoid intercourse

When should I seek help if I go home?

Contact the delivery suite on 0151 430 1502 and speak to a midwife immediately if you experience any of the following:

- raised temperature (more than 37°C)
- flu-like symptoms (feeling hot and shivery)
- vaginal bleeding
- the leaking fluid becomes greenish or smelly
- contractions or cramping pain
- abdominal pain or back pain
- you are worried that your baby is not moving as normal.

What follow-up should I have?

You will be asked to attend the Feto-Maternal Assessment Unit for regular check-ups. During these check-ups, your baby's heart rate will be monitored. You may also have an ultrasound scan to look at the amount of amniotic fluid around the baby and the blood flow to the baby. Your temperature, pulse and blood pressure will be checked and you will have blood tests to look for any signs of infection developing.

You should have follow-up appointment(s) with your consultant obstetrician, who will check that there are no problems with your pregnancy and discuss with you a plan for having your baby.

Experiencing PPRM can be a very stressful time for both you and your family. You should be offered emotional support during your pregnancy and after your baby is born. If you are worried about how you are feeling, do seek help from your midwife or the support groups listed below.

When is the right time to give birth?

Once your waters have broken, carrying on with the pregnancy reduces the risk of your baby having problems by being born prematurely but increases the risk of an infection getting into the uterus. Your obstetrician should discuss with you the benefits and risks of both early delivery and continuing with the pregnancy in your situation, but delivery will usually be between 34 and 37 weeks.

How will this affect a future pregnancy?

Having PPRM or giving birth prematurely means that you are at an increased risk of having a preterm birth in any future pregnancies. You will be advised to be under the care of a consultant obstetrician who will discuss with you a plan for your pregnancy. This will depend on your individual situation and whether a cause for your early delivery, such as infection, was found.

Sources and acknowledgements

This information leaflet is based on the RCOG patient information leaflet: *When your waters break prematurely* (June 2019). The leaflet contains a full list of the sources of evidence used. You can find it online at:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-when-your-waters-break-prematurely.pdf>

Further Information


Little Heartbeats: www.little-heartbeats.org.uk

Group B Strep Support (GBSS): <https://gbss.org.uk>

SANDS: www.sands.org.uk

The UK Sepsis Trust: <https://sepsistrust.org>

The Birth Trauma Association: www.birthtraumaassociation.org.uk



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