

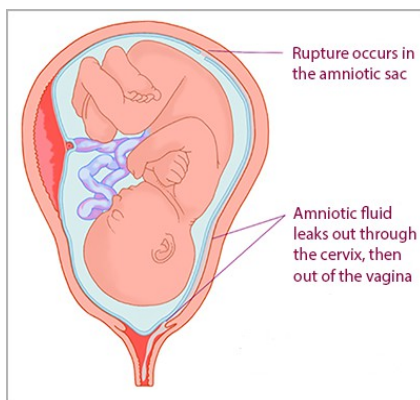
## Department of Obstetrics

### Pre-Term Pre-Labour Rupture of Membranes (Waters Breaking)

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).

#### What is pre term-pre labour Rupture of membranes?

Your unborn baby lies in an amniotic sac (membrane) of fluid or 'waters'. 'Waters breaking' means that the sac has ruptured or broken. 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 pre-term pre-labour rupture of membranes or PPRM. If this happens, it can (but does not always) trigger early labour.



This can happen in up to 3 out of every 100 (3%) pregnant women. PPRM is associated with 3 to 4 in 10 preterm births.

#### How will I know if my waters have broken?

You may notice a 'gush' of fluid or you may feel continually 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.

#### Why have my waters gone early?

The most likely causes for this are infection, overstretching the womb by too much fluid around the baby (polyhydramnios), multiple pregnancy, or abdominal trauma. Often we may not know the exact reason why it has happened, but it is important to recognise it so we can monitor you and your baby.

#### What does this mean for me and my baby?

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

Patient Information Leaflet for: Pre-Term Pre-Labour Rupture of Membranes (Waters Breaking)

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It is not possible to repair the hole in the membranes so there is a chance of infection in the form of Chorioamnionitis - this is where bacteria infects the membranes that surround the fetus and the amniotic fluid (in which the fetus floats) which can then lead to infections in both the mother and baby, because of this you will be offered antibiotics to help reduce this. The antibiotics are safe to take and will not harm your baby - they are given as tablets for 10 days from diagnosis or until you labour, which comes earlier.

Antibiotics for women with confirmed PPRM found that the use of antibiotics is associated with a statistically significant reduction in chorioamnionitis, the numbers of babies born within 48 hours and 7 days, neonatal infection, use of surfactant, oxygen therapy.

There is also a chance you may go into labour early and your baby will be born premature. About 50% half of women with PPRM will go into labour within 1 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.

Unfortunately, premature babies can often have problems with their breathing, feeding and also infections.

- You will be **offered** a course of two steroid injections over 2 days if you are 24 – 33+6 weeks and can be **considered** until 35+6. The steroid injections can reduce the chance of your baby having breathing problems (respiratory distress syndrome) and bleeding in to the brain (intraventricular haemorrhage)
- If you have been diagnosed with PPRM and are in established labour or having a planned preterm birth within 24 hours, a medicine called magnesium sulfate through your veins will be **offered** between 24<sup>+0</sup> and 29<sup>+6</sup> weeks (it can be considered until 33+6 weeks). This is for reducing the chance of cerebral palsy and motor development delay in preterm babies.
- Antibiotics through your veins (known as IV) also will be offered if you are in preterm labour to reduce the risk of early-onset group B Streptococcus (GBS) infection. GBS infection is the most common cause for neonatal sepsis.

## **Do I have to stay in hospital?**

You will be advised to stay in hospital for at least 24-48 hours after your waters have gone to monitor for signs of infection and early labour. Your doctor will discuss with you about going home and follow up appointments. The duration of your stay will be longer if there are medical concerns with you or your baby.

## **Will I need to be monitored after going home?**

We will ask you to look out for signs of infection and /or labour by you:

1. Checking your temperature four times a day - we will give you a thermometer and a chart to record your temperature.
1. Checking the colour of the fluid by wearing a pad (not tampons).
2. Noting any abdominal pain or contractions.
3. Monitoring your baby's movements.

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**You should contact the Maternity Assessment Unit on 01603 287328 or 01603 287329 immediately if you have any of the following signs: and you may be asked to return to hospital.**

- Raised temperature (more than 37°C).
- Flu-like symptoms like feeling hot and shivery.
- Vaginal bleeding.
- If the leaking fluid becomes green / smelly.
- Contractions.
- Abdominal pain.
- If you are worried about your baby's movements.

We will also suggest you to attend the hospital for some checks, including weekly blood tests to look for infection and monitoring of your baby's heartbeat. You may also be offered scans to look at the growth of your baby and the blood flow to your baby, if these are thought necessary by the doctors depending on how many weeks you are.

You will be offered follow up appointments with your Consultant Obstetrician to discuss how the pregnancy is going and the timing of delivery.

### **When should I give birth?**

This is often a difficult question as it is about balance. Continuing with the pregnancy reduces the risks of your baby having problems from being born early but increases the risk of infection to your baby and into the womb.

Your obstetrician will discuss the risks and benefits of continuing with the pregnancy and will suggest delivery around 37 week's gestation, as per national guidance.

You can still have a vaginal delivery if your waters have broken early. You will either be offered an induction of labour or, if you were planning a caesarean, then this will still go ahead but earlier than originally planned.

### **Is it safe to have sex once my waters have gone early?**

You should avoid sexual intercourse as this may increase the risk of developing infection.

### **I am really worried who can I talk to?**

Hopefully you will have had everything explained to you by the obstetrician at the time of diagnosis however we recognise experiencing PPRM can be stressful and cause a lot of anxiety. Coping with new symptoms and complications in pregnancy can sometimes be overwhelming. Talk to family and friends and contact your community midwife via CallEEAST (formally known as Medicom) 01603 48122 who will also be able to offer support and signposting for more information.

### **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

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of a consultant obstetrician in future pregnancies who will discuss an appropriate plan. This will depend on your individual situation (the cause and how many weeks you were when PPRM was diagnosed).

If you have any further questions then please speak to your community midwife via CallEEAST –01603 481222 or contact the **Maternity Assessment unit on 01603 287328 or 01603 287329.**

### **Further Information**

<https://www.tommys.org/pregnancy-information/pregnancy-complications/waters-breaking-early-pprom>

### **What happens if I do not want antibiotics/steroids/Magnesium Sulphate?**

It is always your choice but we need to ensure you have all the necessary information to make an informed decision so that it is the right decision for you and your baby. Please discuss this further with you obstetrician.

