

Term pre-labour rupture of membranes

Information for women at term (37 or more weeks)

**Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofa lahi
atu, Taloha Ni, Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's**

This leaflet is for women whose membranes rupture at term (37 or more weeks gestation), but labour pains do not start right away. This is also called “water breaking.”

The fluid surrounding the baby leaks out of the vagina. For some women, they feel a ‘pop’ and a gush of fluid. For others, there is a continuous trickle or leak of fluid.

For about 10% of women, the waters break before labour starts. More than half of these women will go into labour within 24 hours, and about 70% within 48 hours.

The first thing to do if you think this has happened is to **ring your midwife or the Labour and Birthing Suite midwife**. Your midwife will:

- Ask you questions about how much is leaking and the colour of the fluid
- Ask you to wear a pad so she can check it
- Check your temperature and heart rate
- Examine you to confirm that your waters have broken
- Listen to the baby’s heart rate

- Answer your questions and make a plan

Sometimes, the leakage is **not** the waters breaking. Instead it is urine that has leaked, or discharge from the vagina, such as the mucous plug.

If your waters have broken, you and your midwife can decide if you want induction of labour, or if you want to wait for labour to start (either in hospital, or at home).

Reasons to have early induction of labour:

- Previous baby with Group B Strep (GBS) infection
- Bladder infection in this pregnancy with GBS
- Vaginal swab positive for GBS from 35-37 weeks

In all the above situations, antibiotics are given in labour

Criteria to go home:

1. Your baby is head-down and engaged
2. No sign of infection in you
3. Fluid is clear (like water)
4. Your baby is moving well
5. Have a telephone so your midwife can stay in touch
6. Have a way to come back to hospital quickly

In some instances when the waters break, the baby's umbilical cord can slip through the cervix and into the vagina. This is called **cord prolapse**. In some instances, the placenta can come away from the womb and cause bleeding. This is called **placental abruption**. These are rare complications, but urgent delivery of the baby would be necessary.

If you wait at home, ring your midwife or Labour and Birthing Suite midwife if:

- You develop fever (temperature above 37.5) or chills or heart rate > 100
- The fluid becomes green, brown or bloody
- You don't feel the baby moving
- Your labour pains start
- More than 18-24 hours have gone by*

This means you will need intravenous antibiotics in labour. You should have a plan to come back to the hospital between 18 and 24 hours, to have labour induced and antibiotics started.

The benefits of early induction of labour

- You have a lower chance of infection during labour and birth and a reduced need for antibiotics
- Your baby has a lower chance of developing an infection and be admitted to NICU for observation and possible antibiotics
- You will have the baby sooner

The risks of early induction of labour

- Induction of labour is the artificial start of labour with medication, instead of waiting for labour to start naturally. In our hospital, women who have induction of labour for any reason have a slightly higher chance of having a caesarean section.