

If you think your waters have broken, call your LMC or Labour and Birthing Suite midwife.

Your LMC will do an initial assessment either at home, clinic or Women's Assessment Unit.

Phone numbers:

Women's Assessment Unit (WAU):

Labour and Birthing Suite (L&BS):

Your LMC:

Plan for your care:

Te Whatu Ora
Health New Zealand
Te Toka Tumai Auckland

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Women's Health Information Unit hiws@adhb.govt.nz

Te Whatu Ora
Health New Zealand

Term Pre-Labour Rupture of Membranes

This information is for women whose membranes rupture (waters break) but they do not go into labour straight away. Some women feel a pop and a gush of fluid when their waters break; others have a continuous trickle of fluid.

For around 10% of women, the waters break before their labour starts. Around 70% of these women will go into labour spontaneously within the first 24 hours, and about 85% within 48 hours.

Very occasionally when the waters break, the baby's umbilical cord can slip through the cervix and into the vagina (cord prolapse). Also very occasionally the placenta can come away from the womb and cause bleeding (placental abruption). These are rare complications, but urgent delivery of the baby would be necessary.

What to expect

- You will be asked what time your waters broke, how much fluid, and the colour of the fluid
- You will be advised to wear a pad
- Your temperature and heart rate will be checked
- Speculum examination may be performed to check that your waters have broken
- Abdominal palpation
- Listen to your baby's heart rate
- Answer your questions and make a plan of care with you

Sometimes the leaking is not your waters breaking but instead may be urine or a watery discharge from the vagina. If your waters are confirmed to have broken, you and your LMC can discuss which plan of care would be best for you.

Expectant Management

Either go home or wait in hospital for your labour to start. To be eligible for expectant management:

- Your baby is head down and engaged in your pelvis
- The liquor is a clear colour
- Your baby is moving well and has a normal heart rate
- You have a phone to stay in touch
- You are able to return to hospital quickly if required

If you go home, call your LMC if:

- You develop a fever (temperature above 37.5°C), chills, or heart rate above 100
- The fluid becomes green
- Your baby isn't moving in the usual pattern or there is a reduction in your baby's movements
- Your labour starts
- More than 18-24 hours have gone by since your waters broke

When your waters have been broken for 18-24 hours and you have not established in labour, you will have a plan to come back to the hospital. Induction of labour can be arranged as soon as resources are available. You will need antibiotics when your labour is established.

Active management

Reasons for induction of labour

- Previous baby with Group B Strep (GBS) infection
- GBS urine infection this pregnancy

- Vaginal swab showing GBS from 35-37 weeks this pregnancy
- Meconium stained liquor (green fluid)
- Women who do not meet the criteria for expectant management, or choose immediate induction (as soon as resources are available).

The benefits of active management

- Slightly lower chance of you developing an infection during labour
- Baby has a slightly lower chance of infection and needing admission to special care baby unit
- You may have your baby sooner

The risks of active management

- Induction of labour is the artificial way to start labour with medication. In our hospital, women who have an induction of labour for any reason often need more pain relief and also have a slightly higher chance of having a Caesarean section.

Method of induction of labour

Prostin (hormone gel) is sometimes given into your vagina to prepare your cervix. Otherwise syntocinon (hormone to help your uterus contract) is administered through an intravenous drip until your contractions become strong and regular.

This is done in Labour and Birthing Suite and you and your baby will be monitored.