

If you go home, call your LMC or WAU if:

- You develop a fever (above 37.5°C), chills, or heart rate above 100bpm
- The fluid becomes green
- Pēpi isn't moving in the usual pattern, or there is a reduction in movements
- Your labour starts
- It has been more than 18-24 hours since your waters broke and labour has not started
- You are concerned.

When your waters have been broken for 18-24 hours and you have not established in labour, a plan will be made for you to return to the hospital. You will need antibiotics when your labour is established to protect your pēpi from risk of infection. Induction of labour will be arranged at this time.

Te Whatu Ora
Health New Zealand
Te Toka Tumai Auckland

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Health New Zealand

Term Pre-Labour Rupture of Membranes

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

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

Very occasionally when the waters break, the umbilical cord attached to pēpi (baby) 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 pēpi would be necessary.

What to expect

Once your water breaks, please call your Lead Maternity Carer (LMC) or the Women's Assessment Unit (WAU) on 09 631 0784 for advice on what to do next. You can also visit WAU (on Level 9 of Auckland City Hospital) if you are unable to contact your LMC.

You will be:

- Asked what time your waters broke
- Asked how much fluid there is, and the colour of the fluid
- Advised to wear a pad

Your LMC or the midwife will answer your questions and make a plan of care with you. You may be advised to visit WAU with your LMC.

If you visit WAU, either by your own decision or on the advice of your LMC, who will accompany you, you will meet with a midwife who will:

- Check your temperature and heart rate
- Perform an abdominal palpation, where the midwife will touch your stomach to determine the position of pēpi
- Listen to the heart rate of pēpi
- Check your pad for fluid, and if necessary perform a speculum examination to check that your waters have broken.

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 midwife and/or doctor will make a decision together of which plan of care would be best for you: expectant management or active management.

Active management

Active management involves induction of labour (IOL) immediately or within 24 hours of rupture of membranes.

Active management is recommended as there is strong evidence that it reduces the risk of infection for both māmā and pēpi with no difference in caesarean section rates.

Induction of labour is a medical way of starting the labour process with medication when it does not start naturally. Māmā who have an induction of labour often need more pain relief, and also have a slightly higher chance of having a Caesarean section.

Method of induction of labour

There are two methods of induction of labour when the membranes are already broken:

- Syntocinon (a hormone to help your uterus contract) is given through an intravenous drip until your contractions become strong and regular
- Oral Misoprostol (a liquid medication which you drink) softens and opens the cervix.

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

Expectant Management

Expectant management involves waiting for your labour to begin naturally. If you prefer expectant management, you can either stay home or wait in hospital for your labour to start.

Below are some of the things to be considered before expectant management is discussed:

- The fluid is a clear colour
- The head of pēpi is down and engaged in your pelvis
- Pēpi 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
- You don't have risk factors for Group B Strep (GBS)
- You have not had a digital vaginal examination
- Expectant management is your preference.