

Pre-labour Rupture of Membranes

Information for women at term (37 or more weeks of pregnancy)

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

Active management

Induction of labour

The benefits of active management

- Slightly lower chance of you getting an infection during labour needing antibiotics
- Baby has a slightly lower chance of infection. This means it is less likely your baby will need to come into the special care baby unit and have antibiotics

Reasons for active management

- You want to birth your baby sooner and don't want to wait longer
- You have had a baby with Group B Strep (GBS) infection
- You have had a GBS urine infection this pregnancy
- You have had a vaginal swab showing GBS from 35-37 weeks this pregnancy
- You have meconium stained liquor (green fluid or waters)
- If you do not meet the criteria for expectant management, or choose induction of labour (as soon as resources are available).

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 are more likely to need more pain relief than women who labour naturally.

Method of induction of labour

Prostin (hormone gel) is sometimes given into your vagina to prepare your cervix. Usually **syntocinon** (oxytocin hormone to help your uterus contract) is given through an intravenous drip (into a vein) until your contractions become strong and regular. This is done in Labour and Birthing Suite and you and your baby will be continuously monitored.

Phone numbers

Women's Assessment Unit (WAU)

09 631 0784

Labour and Birthing Suite (L&BS)

09 307 2888

This information is for women whose membranes rupture (waters break) but they don't 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.

Rare problems that come from waters breaking are:

- Baby's umbilical cord slipping through the cervix and into the vagina (cord prolapse) when the waters break.
- The placenta coming away from the womb and cause bleeding (placental abruption).

These are rare complications, but urgent delivery of the baby would be necessary.

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.

What to expect



You will be asked what time your waters broke, how much fluid is leaking, 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 (like having a smear test)



Abdominal palpation (checking your stomach using hands)



Listen to your baby's heart rate



Answer your questions and make a plan of care with you

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

It is recommended that women whose waters break before labour starts consider induction of labour within 6 to 24 hours from the waters breaking. If you prefer to wait longer, your midwife will check if you are eligible for expectant management.

Expectant Management

Either go home or wait in hospital for your labour to start

Eligibility

- 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 can come to the hospital quickly if needed

If you go home you should call your LMC or hospital midwife 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.