

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 Women's Health at Auckland Hospital

This information is for women whose membranes rupture (also known as waters breaking) but do not go into labour right away.

The amniotic fluid surrounding the baby leaks out of the vagina. For some women, they feel a pop and a gush of fluid. For others, there may be 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 the first 24 hours, and about 70% within 48 hours.

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 think your waters have broken, call your LMC or Labour and Birthing Suite Midwife. The initial assessment will be performed by the LMC either at home, clinic or Women's Assessment Unit and an individual management plan will be made.

What to expect

- Asked what time and how much fluid is leaking, and what colour of fluid
- Asked to wear a pad
- Your temperature and heart rate will be checked
- Speculum examination will be performed to check that your waters have broken
- Abdominal palpation
- Listen to your baby's heart rate
- Answer questions and make a plan of care

Sometimes, the leakage is not waters breaking. Instead, it may be urine that has leaked, or a watery discharge from the vaginal. If your waters have broken, you and your LMC can decide if you want induction of labour (**active management**) or if you want to wait for labour to start, either at home or at the hospital (**expectant management**).

Active management

Induction of Labour

Reasons for women to have active management:

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

- Meconium stained liquor
- Women who do not meet the criteria for expectant management, or choose immediate induction (or as soon as resources are available).
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The benefits of active management

- Lower chance of infection during labour
- Baby has a lower chance of developing an infection and admission to NICU for observation and possible antibiotics
- You may have your baby sooner

The risks of active management

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

Method of induction of labour

- Prostin gel (a hormone gel) is sometimes given to prepare the cervix. Otherwise syntocinon is administered through an IV line until your contractions become strong and regular. This labour will be done in Labour and Delivery Unit.

Expectant Management

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

Eligibility for women to have expectant management-

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

If you go home, you should call your LMC or hospital if:

- you develop a fever (temp above 37.5), chills, or heart rate above 100.
- The fluid becomes green
- You don't feel your baby moving or are concerned there may be a reduction in the baby's movements.
- Your labour begins
- More than 18-24 hours have gone by since you broke your waters.

If after the 18-24 hour period after you've broken your waters and you have not established in labour, you should have a plan to come back to the hospital. Induction of labour can be arranged as soon as resources are available. You will require antibiotics when in established labour.

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