

## Fact Sheet

# When the waters break before 37 weeks - PPRM

[womensnewbornhealth.com.au](http://womensnewbornhealth.com.au)

### About the Bag of Waters

Right from the beginning of pregnancy, the baby is surrounded by a sac of water (amniotic fluid) which provides protection and warmth. It also encourages normal development of the baby, especially the baby's lungs. The fluid is usually clear in colour. It is held in place by two layers of membranes that are a bit like cling wrap.

This sac needs to break open for the baby to be born. This is known as the 'waters breaking'. Mostly the waters break in labour but sometimes they break before labour starts. This is called prelabour rupture of the membranes (PROM). If it occurs after 37 weeks (term) it is called TermPROM while if it occurs before 37 weeks (pre-term), it is called Preterm Prelabour Rupture of the Membranes (PPROM).

### Pre-term Prelabour Rupture of the Membranes (PPROM)

In about 3% of pregnancies, the waters break before 37 weeks and before labour starts. We don't really know why this happens but in some cases infection is present. In others there may have been some bleeding which weakened the membranes or else the cervix (neck of the uterus/womb) may have become shorter than usual or may have opened, leaving the membranes more exposed.

**Most women with PPRM will go into labour in the next week, often in the next 48 hours. The closer you are to term, the sooner this is likely to happen. About 75% of women will labour within 48 hours at 34-37 weeks, 45% at 24-34 weeks and 20% below 24 weeks**



### What Should I Do If I think My Waters Have Broken?

If you think your waters have broken at any time in pregnancy you should let us know immediately and come in for review. Often you are right and the waters have broken, but at other times the loss turns out to be just vaginal discharge, mucus, urine or semen.

### What happens when I come to the hospital with PPRM?

When you come in we check both the baby and you:

Your baby – we check

- how the baby is lying in the uterus
- how well the baby is moving
- how healthy the baby appears to be on the heart rate tracing (cardiotocograph, CTG)

You – we check

- That amniotic fluid is coming out
  - ♦ often we can do this just by looking at the pad and the outside of the vagina
  - ♦ sometimes we need to insert an instrument (speculum) to be sure fluid is leaking out and that the loss is amniotic fluid and not due to something else like vaginal discharge or mucus
  - ♦ in women having contractions, the speculum exam also allows us to check if the cervix is starting to open
- The colour and smell of the amniotic fluid
- To see if contractions or other pains are present
- Your temperature and pulse – checking for infection

womensnewbornhealth.com.au



**If PPROM is confirmed we then:**

- arrange some tests including an ultrasound
- start antibiotics – these reduce infection and may delay the onset of labour
- if you are below 34 weeks, we give you an injection (corticosteroids) to make the baby's lungs more ready for birth
- if you are below 32 weeks and we think labour is starting we may give you a drip containing magnesium as it is thought to be good for the premature baby's brain.

**If I do have PPROM do I have to stay in hospital or can I go home?**

If you have PPROM you have to stay in hospital.

- The chance of going into labour soon is high
- Once the waters break, infection can occur and we need to watch out for it
- Plus, you need the opportunity to learn more about what is going on.

**While in hospital**

- You can usually walk around the ward (sometimes we may advise bed rest)
- You should do leg exercises while in bed to prevent clots forming in your blood vessels and to keep your muscles and bones strong
- You should keep well hydrated with fluids

From when the waters break until you give birth we will keep a close watch over you and the baby, in particular looking for any suggestion of:

- labour starting
- infection occurring
- the baby becoming unwell
- you becoming unwell

You will probably be the first to notice if things are changing. Please let our staff know if

- you notice any changes in the colour or smell of the loss that is on your pad
- you start getting any pain
- you feel unwell in any way
- you notice a change in the baby's movements

Often labour will start by itself but sometimes we will decide to bring the birth on because we think it is the safest thing for you and your baby. This may be a vaginal birth or a caesarean birth depending on a range of factors including your previous birth(s).



[womensnewbornhealth.com.au](http://womensnewbornhealth.com.au)

### **Our Staff Are Here to Support You**

Staying in hospital is difficult for women and their families. Not only are you anxious about the baby, you are also often lonely, worried about your family, concerned about work and money, and generally not getting much sleep.

Our staff will try and provide support to you during this time. Please let us know if there is anything in particular we can do to help you.

**We welcome further feedback on this brochure as a way of continually improving our service.**

**Send your feedback to:**

WSLHD-Get\_Involved@health.nsw.gov.au

