

Fact Sheet

When the Waters Break After 37 Weeks - TermPROM

womensnewbornhealth.com.au

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.

The membranes usually tear open during labour releasing the waters – this is known as the waters 'breaking'. However in some women the waters break before labour.

- This occurs in about 10% of women at term (from 37 weeks) and is known as TermPROM (Term Prelabour Rupture of the Membranes).
- In another 3% the waters break before 37 weeks (see the separate *Fact Sheet on When the Waters Break Before 37 Weeks - PPRM* (Preterm Prelabour Rupture of the Membranes))

What happens after the waters break at term?

Within 24 hours of the waters breaking, about two-thirds of women will go into labour. After that time, the numbers drop off and some women will not be in labour even a week later.

Once the waters break but labour has not started there are increased risks for mother and baby but these are small.

- The major risk is infection inside the uterus. This is usually not serious but antibiotics may be needed, either for prevention or treatment
- False labour can occur with contractions coming and going for days but true labour not really starting. Women can become exhausted by this.

What should I do if my waters break at term?

No matter the time of night or day, whenever you think the waters may have broken, you should immediately ring the birth unit and arrange to come for a check up. After this check up many women will be allowed to go home again but some will be invited to stay.

When you come we will check the following things:

- 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)
- 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 the leaking is amniotic fluid because other fluids such as mucus, urine and vaginal discharge can seem similar. 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
- if contractions or other pains are present
- your temperature and pulse – checking for infection



womensnewbornhealth.com.au

GBS Rapid Swab and Culture Swab

- If you are not in labour we often also take 2 swabs from the lower vagina and anus to check for a bacteria called Group B Streptococcus (GBS) This helps us decide on what to do next.
- GBS is a common bacteria that is present in the vaginas of about 20 - 25% of women at any one time.
- GBS is generally harmless. However, it can rarely (about 1%) cause a serious infection in the baby
- The rapid GBS swab result comes back within 3 hours; the culture swab takes 2 days
 - If the rapid GBS swab is negative and there are no other problems, you can usually decide what you'd like to do next.
 - If the rapid GBS swab is positive we generally suggest bringing the labour on. We also give antibiotics in a drip during labour to prevent a GBS infection developing in the baby
 - NOTE: if you have already had a positive GBS swab or urine test in this pregnancy, we do not repeat the swab but just treat you as if you are GBS positive at this time.

If the rapid GBS swab is negative and there are no other problems, you can usually decide what you'd like to do next

Management Option 1 - Expectant Management

This means you go home and wait for labour to start naturally which it mostly will. The highest chance of normal birth without need for some contraction medication (oxytocin) is if you go into labour within 12 hours. After that time, labour is less likely to start by itself or else it may start but the contractions are not strong or regular. As time passes without strong labour, it becomes more likely that you will need some contraction medication to help the birth to occur.

Generally women wait 12 – 24 hours for labour to start naturally but you can wait longer if you feel very strongly that's what you would like to do and your midwife/doctor are happy it is safe for you and your baby.

To have expectant management, you have to be suitable (see later)

Management Option 2 - Immediate Induction of Labour

In this situation we put you into labour using medication (oxytocin) via a drip to make the uterus contract. Sometimes this is the best option for you. Or it may just be the choice you prefer. By immediate we mean as soon as it can be arranged. This will depend on how busy the birth unit is.

Immediate induction

- Results in a slightly lower risk of the woman developing an infection in the uterus and a slightly lower risk of the baby needing antibiotics after birth
- Does not increase the chance of caesarean birth compared to expectant management
- May be associated with contractions that are more painful than natural contractions.

womensnewbornhealth.com.au

Management Option 3 – Caesarean Birth

If you are booked for a caesarean and your waters have broken, we will bring your caesarean forward.

We will try to do your caesarean within the next few hours, depending on how busy the operating theatre and the birth unit are.

Caesarean birth may also sometimes be necessary if there are other problems, such as the baby being in some distress.



Going home with TermPROM to await labour

Going Home With TermPROM

If you have chosen expectant management, it will usually take place at home. Generally your induction will be booked before you go home to begin in about in 12 – 24 hours unless you would like to wait longer. The actual induction time will vary according to how busy the birth unit is.

With TermPROM management at home, you will be expected to come into the hospital's Day Assessment Unit (DAU) for a check up every day until you go into labour or have an induction.

To be suitable to go home:

- your baby must be coming head first with the baby's head sitting nicely over the pelvis
- you must be planning a vaginal birth and not have a history of caesarean or major surgery on the uterus (for example, removal of large fibroids)
- the water coming out must be clear or pink and have no abnormal smell
- the baby must be moving well and its heart tracing must be normal
- your temperature and pulse must be normal
- your GBS swab must be negative.

You will be excited and perhaps a bit anxious when going home with TermPROM – both are normal. But don't focus too much on watching out for contractions – when the strong ones come, you will know!.

Instead, prepare yourself for what is ahead by getting some sleep if you can, and generally relaxing.

womensnewbornhealth.com.au

Going home with TermPROM you must agree to:

- not have sex, and shower rather than bath
- write down the following information every 4 hours while you are awake:
 - your temperature by mouth (don't eat or drink anything hot or cold for 5 minutes before this test)
 - the colour and smell of the fluid you lose
 - your baby's movements
 - whether you have any pains
 - whether you are feeling unwell in any way
- come for a check up every day at the Day Assessment Unit
- ring the birth unit (9845 7395) and prepare to come into the hospital if
 - your temperature is 37.5 degrees or higher; NOTE: do not take paracetamol to bring your temperature down – this may hide an important clue to infection
 - your baby's movements are less than usual
 - the water you are losing develops a bad smell or its colour becomes brown or green or blood-stained (ie more than just pink)
 - you are having contractions
 - ◆ every 3 or 4 minutes for the past hour (first baby)
 - ◆ every 5 minutes for the past half-hour (second or later baby)
 - you develop any abdominal pain
 - you feel unwell in any way
 - you are having difficulty passing urine.

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