

## Patient information

### When your waters break early

Your unborn baby is surrounded by fluid or 'waters' contained within a membrane bag. Breaking of the waters is also known as rupture of the membranes. Normally your waters break shortly before or during labour. If your waters break before labour after 24 weeks and before 37 weeks of pregnancy, this is known as preterm pre-labour rupture of membranes (PPROM). Two out of every 100 pregnant women (2%) experience this.

This information is for you if you think or have been told that your waters have broken early, it tells you about:

- how the diagnosis is made
- what this diagnosis may mean for you and your baby
- what extra antenatal care you can expect
- what treatments there are.

### How will I know if my waters have broken?

You may notice a 'gush' of fluid, or you may feel damp. The fluid (known as amniotic fluid) is usually a clear or a pale straw-yellow colour. Sometimes it is pinkish in colour. Occasionally the fluid may be a green, brown colour or slightly blood-stained, if you notice either of these colours, please contact the Triage/MDAU or Labour Suite as soon as you notice a colour change.

The amount of fluid you lose may vary from a trickle to a gush.

### What should I do?

If you think that you are leaking fluid from the vagina, wear a maternity pad (not a tampon) and note the colour and amount of the fluid. Leaking urine is common while you're pregnant and therefore it is important to check that the fluid isn't urine. Leaking amniotic fluid does not smell like urine. You should contact Triage/Maternity Day Assessment Unit on 01284 712723. **Do not wait until the next day if you are leaking fluid as it is important you and your baby are monitored to ensure all is well.**

## **What happens at the hospital?**

You will have a check-up which includes:

- A midwife taking a detailed history of what happened and when, and the colour of the fluid.
- A discussion with your midwife about your current and previous pregnancies. If you have experienced this in a previous pregnancy, it is more likely to happen again.
- A check of your general health including a check of your temperature, pulse and blood pressure and urine test
- The midwife will monitor your baby's heartbeat (the method of monitoring depends upon how many weeks pregnant you are)
- A doctor will assess your history and may advise a vaginal examination with speculum to confirm if your waters have broken.

## **How is PPROM diagnosed?**

PPROM is best diagnosed by a vaginal inspection. With your consent, your doctor or midwife will use a speculum (an instrument used to separate the walls of the vagina) to look at your cervix (entrance to the womb) and see if the leaking fluid is amniotic fluid. Your doctor will also be able to see if the cervix is changing in preparation for labour. A swab will usually be taken at the time of the vaginal inspection to check for infection.

If it is unclear whether your waters have gone, a swab test called AmniSure© can be taken by swabbing the inside of the vagina and gives a rapid result to determine if amniotic fluid is present. This test is 90% sensitive in determining if your waters have broken.

An ultrasound scan to estimate the amount of fluid around your baby is sometimes helpful and may be offered in some cases if appropriate.

## **What happens next?**

If your waters have not broken, you should be able to go home to observe for any further leaking. If only a very small amount of amniotic fluid leaks at first, it is not always easy to confirm that your waters have broken. If you continue to leak fluid at home, you should return to the hospital for a further check-up.

If it is not clear whether your waters have broken, you may be advised to wear a pad and stay in hospital for a few hours. If your waters have broken, your pad should be wet.

If your waters have broken, you will be advised to stay in hospital for at least 48 hours (in many instances spontaneous labour occurs 24-48 hours after membranes rupture).

You and your unborn baby will be closely monitored for signs of infection or labour. This will include having your temperature and pulse taken regularly, and your baby's heart rate will also be monitored, blood tests will also be offered to check for signs of infection.

## **What could PPRM mean for me and for my baby?**

**Premature birth** - Most women will go into labour themselves within the first week after their waters break. If spontaneous labour doesn't occur, a doctor will discuss when the best time to induce labour will be (usually after 34 weeks) and you will have regular monitoring in the meantime.

**Problems of prematurity** - Premature babies (born before 37 weeks) can have an increased risk of health problems, particularly with breathing, feeding and infection. The earlier your baby is born, the more likely that this is the case.

**Infection** - The membranes form a protective barrier around the baby and, after these have broken, there is a risk of infection getting into the womb. This can contribute to premature labour. The symptoms of infection include a raised temperature, an unusual vaginal discharge with an unpleasant smell, a fast pulse rate and/or pain in your lower abdomen. Your baby's heart rate may also be faster than normal. You will be monitored closely for signs of infection and action taken accordingly.

## **Are there any treatments for PPRM?**

It is not possible to replace the fluid or repair the hole in the membranes of the amniotic sac. The baby's kidneys will continue to produce amniotic fluid even if the waters are broken. You may leak fluid for the rest of the pregnancy.

However, treatment may be offered to reduce the risk of infection and to help reduce the risk of prematurity. This may include:

- **A course of antibiotics** to reduce the risk of an infection getting into the uterus (womb). Antibiotics also reduce the risks of infection in the baby. Reducing the risk of infection may reduce the risk of premature birth.
- **A course of two steroid injections** (corticosteroids) to help with your baby's development and reduce the chance of problems caused by being born early. The use of steroids will be advised by your doctor depending upon how many weeks pregnant you are and your medical history.

See the RCOG Patient Information: Corticosteroids in pregnancy to reduce complications from being born premature ([corticosteroids-in-pregnancy-patient-information-leaflet.pdf](https://www.rcog.org.uk/patient-information/leaflets/corticosteroids-in-pregnancy-patient-information-leaflet.pdf) ([rcog.org.uk](https://www.rcog.org.uk))).



- **Medication to stop contractions** may be considered if you need to be transferred to a hospital where there is a more specialist neonatal intensive care unit.

Once in labour, there may be the need for additional treatment and monitoring, this includes but not limited to;

- **Magnesium sulfate** is an intravenous medication that may be offered to you if your baby is at risk of being born very prematurely; this can reduce the risk of them developing cerebral palsy
- **Intravenous antibiotics** (if you are in labour) to reduce the risk of early-onset group B Streptococcus (GBS) infection; see the RCOG patient information ([Group B Streptococcus \(GBS\) in pregnancy and newborn babies | RCOG](https://www.rcog.org.uk/patient-information/leaflets/group-b-streptococcus-GBS-in-pregnancy-and-newborn-babies-rcog))



## Do I need to stay in hospital?

You will usually be advised to stay in hospital for 48 hours after your waters break to watch for signs of infection or premature labour. Your doctor may discuss your option of going home after that if there have been no changes during your stay.

If you do go home, your doctor will discuss with you the signs of infection to look for. It is very important that you:

- Record your temperature daily at home and seek advice if the temperature rises above 37.5C on two occasions four hours apart, or one recording of 38C.
- Check the colour of the fluid and inform the maternity unit of any changes. You should wear a pad rather than a tampon.
- Avoid vaginal intercourse.

- Call the maternity unit without delay if you notice any changes to the water colour, if you are feeling unwell, or you are concerned with your baby's movements.

## **When should I seek help if I go home?**

Contact your maternity unit on the numbers overleaf and prepare to return to the hospital immediately if you experience any of the following:

- raised temperature (as above)
- flu-like symptoms (feeling hot and shivery)
- vaginal bleeding
- if the leaking fluid becomes greenish or smelly
- contractions
- abdominal pain
- if you are worried that the baby is not moving as normal.

If any of the above occur or there are concerns with your wellbeing or your baby's, earlier delivery may be discussed by your doctor.

## **What follow-up should I have?**

You will be asked to return to the hospital for regular scheduled check-ups, usually twice a week (excluding regular ultrasound scans and consultant appointments). During these check-ups, your baby's heart rate will be monitored, and blood test taken. You may also have an ultrasound scan to look at the amount of amniotic fluid around the baby and the blood flow to the baby.

According to the Royal College of Obstetricians and Gynaecologists, if you are well with no signs of infection and your baby is growing well in your uterus (womb), then it may be better to allow your pregnancy to continue until 37 weeks. However, if there are other complications including GBS infection, or concerns with the growth of your baby, this may not be appropriate. There will be an individualised discussion with yourself and your doctor who will ensure a personal plan is in place taking everything into consideration.

## **Useful Links to learn more about PPRM and Preterm delivery:**

Click on the links or scan the QR codes for additional information and resources to learn more on PPRM and Preterm birth.

- RCOG (2019) Patient information leaflet for 'When your waters break prematurely' [pi-when-your-waters-break-prematurely-large-print.pdf \(rcog.org.uk\)](https://www.rcog.org.uk/patient-information/when-your-waters-break-prematurely-large-print.pdf)



•RCOG Patient information leaflet 'Group B Streptococcus (GBS) in pregnancy and newborn babies' ([Group B Streptococcus \(GBS\) in pregnancy and newborn babies | RCOG](#))



• RCOG (2022) Patient information leaflet for 'Corticosteroids in pregnancy to reduce complications from being born prematurely' ([corticosteroids-in-pregnancy-patient-information-leaflet.pdf \(rcog.org.uk\)](#))

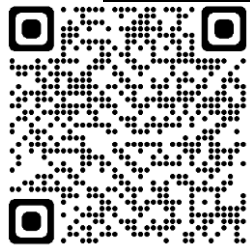


•NICE (2019) Information for the public 'Preterm labour and birth' ([Information for the public | Preterm labour and birth | Guidance | NICE](#))

Little Heartbeats: <https://www.little-heartbeats.org.uk/>



Bliss: For babies born premature or sick | [Bliss](#)



## Contact Information:

- Community Midwifery Hub, 9am-5pm, Monday to Friday - **01284 713755**
- Maternity Triage, 24 hours, 7 days a week- **01284 712723**
- Maternity Day assessment Unit, 8am-16.30pm, Monday to Friday and 10am-14.00pm, Saturday, Sunday's and Bank Holidays - **01284 713218**
- Labour Suite, 24 hours, 7 days a week - **01284 713272**

## Keeping a record of you and your baby's wellbeing:

Date	Time	Temperature	Babies movements	Waters color

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

**If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)**  
**<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>**



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