Pre-labour rupture of membranes

Information for you

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**Pre-labour rupture of membranes at term**

Your examination has confirmed that your waters have broken - this is also known as pre-labour rupture of membranes. It is possible that you may go into labour soon. In fact, 95 per cent of women will go into labour within 72 hours of their waters breaking. However, once the protective bag around the baby has burst there is a small risk of infection developing in the womb and then onto the baby.

We recommend inducing your labour, if labour does not start on its own within 48 hours of your waters breaking, or before if you have any signs or symptoms of infection.

A large study has shown that waiting for labour is not associated with an increased risk of infection or of needing a Caesarean section, as long as the baby is born within four days of waters breaking. A further study has shown that women who go home to wait for their labour to start naturally, are slightly more likely to receive antibiotics in labour or develop some infection in the womb. These babies are also slightly more likely to be admitted to the Neonatal Unit following delivery for antibiotic treatment.

We want to provide you with options to help you to make an informed choice about how you wish your pregnancy or labour to continue.

After discussion, if you choose to go home and await labour (this is called expectant management), we ask that you contact the hospital if you have any concerns and if you experience any of the following:

- a temperature (>38 C or > 37.5 C on two occasions) or feeling flushed, hot, sweating, shaking, muscle pains and generally unwell;
- if you think you are in labour;
- if you experience any abdominal pain, diarrhoea or tenderness;
- if there is any change in the colour of the fluid draining. If the fluid is green, this is meconium - an baby’s first stool. You should report this immediately and come to the hospital to be assessed. If the fluid is red or you notice any blood, you should report this immediately and come to the hospital. You will probably need to be induced as soon as possible;
- if the odour of the fluid draining becomes unpleasant, you should alert the hospital of this change; or
- if the movements of your baby decrease then you should alert the hospital and arrange to have the baby’s heart beat monitored.
Your community midwife will be aware of your discharge home and circumstances. However, you should remain in daily contact with staff from the Assessment Unit until your admission to hospital.

Induction of labour

If you choose expectant management, we will give you a date and time to return to hospital for induction of labour in case you do not go into labour yourself. However, you may at anytime change your mind about expectant management and wish to be induced earlier. If you change your mind, contact the hospital and tell us your decision.

You may also choose to be induced immediately following confirmation that your waters have broken - this is called active management.

We will contact the Labour Suite to see if it is possible to admit you there. If they are unable to admit you straight away, we will admit you to an antenatal ward to wait for a space in the Labour Suite. We will induce labour after a vaginal examination to confirm that there are no membranes still present.

If there are, the doctor will “break” or rupture the remaining membranes, while doing the internal examination. Sometimes, if the neck of the womb (cervix) is tightly closed, you may need a vaginal pessary containing a hormone which can help soften and open the cervix.

After this, an intravenous drip will be inserted into your arm so we can give you a mixture of hormones to start contractions in your womb. We will also attach a monitor around your stomach to pick up your baby’s heart beat. This will limit how mobile you are in labour and will mean that you cannot use the Midwifery Suite.

Contact numbers:
Maternity Assessment
01563 825 300

Re-admission for induction of labour to the Maternity Inpatient Ward
01563 825 334

Date__________________________

All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.