

Pre-labour rupture of membranes after 37 weeks of pregnancy (PROM)

Information for women

This leaflet is intended to inform you about your options should you rupture your membranes before you start labour.

What is pre-labour rupture of membranes (PROM)?

After 37 weeks of pregnancy and before labour begins, for 8 out of 100 (8%) women, a hole will form in the fluid sack that surrounds the baby, allowing the 'waters' (amniotic fluid) to leak; this is known as pre-labour rupture of membranes (PROM).

Following rupture of membranes almost 8 out of 10 women (79%) will go into labour after 12 hours and more than 9 out of 10 (95%) will do so within 24 hours.

If labour has not naturally begun after 24 hours, we recommend artificially starting labour (induction), as the longer the time between PROM and the birth of the baby, the greater the risks to mother and baby, including:

- Chorioamnionitis (infection of the afterbirth)
- Serious infection for the baby (risk increased to 1 in 100 as opposed to 1 in 200)

How is PROM diagnosed?

If you think your waters have broken, please contact Maternity Triage at Tunbridge Wells Hospital, ideally within two hours of this happening. The triage midwifery staff will arrange for you to be seen at the Tunbridge Wells Hospital, Crowborough Birth Centre or Maidstone Birth Centre (depending on where is most appropriate for your current pregnancy).

You should put on a maternity pad and make your way in for review; however, **tampons should not be used.**

If, when you are reviewed by the midwife, your waters have obviously broken, there will be no need to perform an examination. However, if it is not obvious, then the midwife will perform a speculum examination (similar to a smear test) to confirm. If rupture of membranes is not confirmed and you still feel you are leaking 'waters' when home, then please contact:

Maternity Triage

 01892 633500

and re-attend the hospital.

What are my options following PROM?

Should you go into labour within 24 hours of rupturing your membranes, it is still possible to give birth to your baby at your chosen location, including the birth centre at Crowborough or Maidstone, provided there are no additional concerns. If you attend one of the birth centres and the midwives have additional concerns for either you or your baby, a transfer to Tunbridge Wells Hospital will be recommended.

If it is likely that your baby will not be born within 24 hours of rupturing your membranes, then admission to Tunbridge Wells Hospital will be recommended as, once born, your baby should be assessed by a paediatric doctor.

- **Induction of labour after 24 hours**

If your waters are clear in colour and you have not gone into labour after 24 hours, we would recommend helping labour to start between 24 - 48 hours, to minimise the risk of infection for you and baby.

Earlier induction is recommended if there are additional concerns about you or your baby.

You will be asked to return to hospital for induction of labour approximately 20 - 36 hours after your membranes have ruptured. You will be provided with the date and time to return before you go home.

- **Expectant management**

You may decide that you would prefer to wait for labour to start naturally. This is known as expectant management.

We would not recommend waiting longer than 96 hours due to the increased risk of infection for you and your baby.

If you choose expectant management, we would recommend daily review at the Maternity Day Assessment Unit in Tunbridge Wells Hospital to ensure that you and your baby are remaining well.

- **Immediate induction**

Immediate induction may be suggested by the doctors if there are additional concerns about you or your baby.

If there are no additional concerns about you or your baby, then we do not recommend immediate induction; but you can choose this. This would need to be discussed with the doctors at the hospital.

When to contact the Maternity Triage while waiting for labour to start or for induction of labour

If you experience any of the following:

- **Your temperature is more than 37.5°C**

You should monitor your temperature with a thermometer every four hours while you are awake and waiting for labour to start or for induction of labour. If your temperature rises above 37.5°C, this could indicate infection.

- **You are experiencing flu like symptoms**

Sweating, shivering, generalised muscle ache or continuous abdominal pain are all signs of possible infection.

- **Your waters (amniotic fluid) change colour**

The waters should remain clear or slightly pink; any other colour may indicate infection.

- **You are bleeding**

- **Your baby is moving less than normal**

... please contact Maternity Triage without delay.

Induction of labour

How is labour started?

There are a variety of ways to start labour. Following rupture of membranes, you may be offered one or both of the methods described in this section, depending on your individual circumstances.

When you attend the antenatal ward for your induction, the midwife will monitor your baby's heart for 20-30 minutes to ensure there are no concerns about your baby. Then they will perform a vaginal examination with their fingers to assess the neck of the womb (cervix) to see how close you are to labour. This will indicate the most appropriate way to start labour.

- **Prostaglandins (Prostin gel)**

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften and shorten (ripen) if it has not yet ripened enough for labour to start. It is given in gel form (Prostin gel) during the vaginal examination.

If prostaglandins are given, the midwife will monitor your baby's heart beat for a further 20-30 minutes.

Prostaglandins will normally cause some contractions and may begin labour (regular contractions with the cervix opening).

We normally give only one dose of prostaglandins following ruptured membranes. If you do not go into labour within six hours of being given the dose of Prostin we would recommend commencing a Syntocinon infusion (see below). Repeat doses of prostaglandins are associated with increased risk of infection.

Rarely, prostaglandins can cause the womb to contract too frequently (uterine hyperstimulation). If this occurs, your midwife would commence further monitoring of your baby's heartbeat to ensure your baby is not distressed by this.

There are medications, which can be given to slow down the contractions if necessary.

- **Oxytocin (Syntocinon)**

Oxytocin is nature's hormone that stimulates the womb to have contractions. Syntocinon is the synthetic version of this hormone.

We recommend Syntocinon if the cervix is ripe or labour has not started after a dose of prostaglandins.

It is given by a continuous infusion through a drip typically via a vein in the back of the hand or forearm.

Every woman needs a different dose of Syntocinon to start regular contractions. The infusion is started at the smallest dose and is slowly increased to bring on regular contractions at a rate of about three to four in 10 minutes.

Whilst on the Syntocinon infusion, your baby's heartbeat and your contractions will be continuously monitored. If the contractions occur too frequently, become prolonged or your baby shows signs of distress, then it may be necessary to decrease or stop the Syntocinon infusion. Rarely, we would need to give medication to stop contractions.

Frequently asked questions

- **Is it safe to have a bath or shower?**

Yes, it is alright for you to have a shower or bath following pre-labour rupture of membranes.

- **Is it safe to have intercourse once the waters have broken?**

We **do not** advise intercourse following PROM as this would increase the risk of infection for you and your baby.

- **If labour is induced, would I be on a monitor throughout labour?**

Yes. We would recommend continuous monitoring of your baby's heartbeat when you are in established labour.

- **Is it safe to use tampons when my waters have broken?**

We **do not** advise using tampons when your waters have broken as this can increase your risk of infection.

- **Who do I contact if I have concerns about myself or my unborn baby after my waters have broken?**

Contact **Maternity Triage** at Tunbridge Wells Hospital.

The number is ☎ 01892 633500.

- **How long will I have to stay in hospital once my baby is born?**

If you have an uncomplicated vaginal birth with no additional concerns but your waters have broken longer than 24 hours; we would recommend at least 12 hours of monitoring of your baby for infection after birth.

There is still a risk of infection beyond the first twelve hours after the birth (for up to five days). Please contact your midwife, hospital or GP immediately if you are worried.




Please use this space to write any notes or questions you may have.

Further information and advice can be obtained from:

Tunbridge Wells Hospital – Maternity Triage

 01892 633500


Crowborough Birth Centre

 01892 654080

Maidstone Birth Centre

 01622 220161

NHS 111



 111

NHS Choices online

www.nhs.uk

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Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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