



North Tees and Hartlepool
NHS Foundation Trust

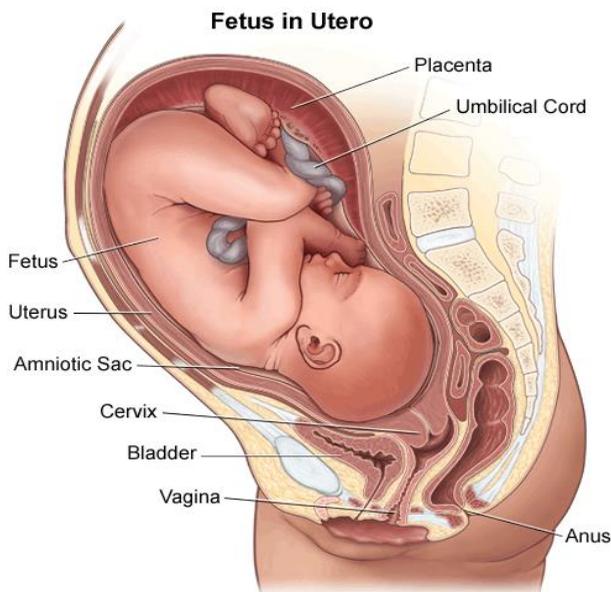
Spontaneous rupture of membranes before labour

Less than 37 weeks pregnant

Information for women

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

This leaflet tells you what will happen if your waters break - a Spontaneous Rupture of Membranes (SRM) before you go into labour. This can happen to 2 women in every 100 and can be linked to 40 in every 100 premature births (births before 37 weeks).¹



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What causes spontaneous rupture of membranes before labour?

For some women the cause of their waters breaking may never be known. For others, it could be due to infection or heavy smoking (more than 10 per day).¹ It is unlikely you have done anything to cause your waters to break early or that anything could have been done to stop it happening.

How will I know if my waters have broken?

The amount of fluid you lose can vary from a trickle to a gush, but it is likely to continue leaking once it has begun. Some women lose a lot of fluid, but others may only feel damp, causing uncertainty. The fluid is usually clear but may be tinged with a yellow or green colour (the baby has passed meconium), and sometimes blood-stained.

In later pregnancy pressure on your bladder may cause urine to leak from your bladder. This can make you feel damp and you may think your waters have broken. Your waters smell different from urine.

What should I do?

If you think your waters have broken, make sure you put on a sanitary pad so you can see how much fluid you are losing, what colour it is and what it smells like.

You should contact your Maternity Unit to get advice about what to do next.

You do not need to be having contractions to contact the hospital.

You should always be asked to come to hospital for a check-up. You will need to arrange transport to the hospital and should not need to call an ambulance.

What will happen when I get to hospital?

When you are seen, your observations will be checked along with your baby's health by listening to the heart rate. This can be done using a hand-held monitor or using a machine to monitor your baby's heartbeat, a cardiotocograph (CTG). The way your midwife monitors your baby will depend on whether you have had any problems during your pregnancy and the colour of the fluid you are leaking.

If your fluid loss is small it is sometimes difficult to be sure your waters have broken.

Your midwife or doctor may need to examine you internally using an instrument called a speculum to allow her or him to see your cervix (neck of the womb) and if there is fluid leaking through it. This is similar to when you have a cervical smear test.

During the speculum examination, if it difficult to tell if your waters have broken, an additional test may be performed called an Amnisure swab. This will give a positive result if amniotic fluid is detected.²

If it is thought your waters have not broken:

No further action needs to be taken and you can go home. You should continue to wear a sanitary pad over the next 24 - 48 hours and observe for any fluid loss. If you continue to leak fluid or are worried you should contact staff in the Maternity Unit.

If it is confirmed your waters have broken and you are not in labour:

Premature babies have an increased risk of developing health problems once they are born.² The number and seriousness of these problems increase the earlier the birth.¹ This is the reason midwives and doctors try to prolong your pregnancy as long as possible but it can increase the risk of infection developing.

You will be advised to stay in hospital for at least 48 hours due to the risk of premature labour.

During the initial examination, an extra vaginal swab will be taken to monitor for any possible infection. Blood tests will also be taken to check for infection markers and a CTG will be performed too.³

Repeat swabs and blood tests will only be taken if you feel unwell or have had a raised temperature.

You will be started on oral antibiotics for 10 days to reduce any potential infection risk.⁴

If you are between 23 and 35 weeks, it is recommended you have a course of 2 steroid injections.² This treatment helps your baby's lungs to mature and hopefully reduce problems that can develop if your baby is born early.

You will need to attend the Day Unit once a week, either at Hartlepool or North Tees, and you will be seen in the Consultant Clinic. This allows extra monitoring of yours and baby's wellbeing.

Induction of labour (IOL) will be considered between 34 and 37 weeks and will depend on individual circumstances and discussions with a Consultant.^{2,5} You will be advised to deliver at North Tees.

During the time you are at home you will need to monitor:

- your temperature 3 times a day, either with your own thermometer or with temperature strips provided by the hospital.²
- the colour of the fluid loss.
- your baby's movement pattern.
- the colour of your waters as they should continue to be clear.

You should contact the Maternity Unit if:

- your temperature increases to 38°C (100.4°F) or above, or is 37.5°C (99.5°F), twice in a row.
- you start to feel unwell and have flu-like symptoms.

- the fluid you are losing changes colour.⁶
- there are any changes to your baby's usual pattern of movements.
- you think you have gone into labour (started to contract).
- you have any questions or concerns.

What happens if I go into labour after a confirmed SRM?

If you have not yet reached 37 weeks and you think you are in labour **you must** contact the Maternity Unit straight away so plans can be made for your admission. If your baby is very early arrangements will need to be made to make sure there is a special care cot available for your baby. You may need to be admitted to another hospital if a special care cot is not available in your Maternity Unit.

If your waters have broken before 34 weeks and you are having some contractions, you may need treatment to try to stop your labour. This is usually only offered to delay the birth while the steroid treatment is given, or if there is a need to transfer you to another Maternity Unit.

If you develop signs of infection at any time, you will be given antibiotics through a cannula (a fine tube) inserted into a vein in the back of your hand or arm using a small fine needle.

Giving antibiotics this way allows some protection to be given to your baby before they are born. If this is needed you and your baby will need further treatment after the birth. This means you will both have to stay in hospital for a few more days.

What happens after my baby is born?

Swabs will be taken from your placenta (the afterbirth) and from your baby. Depending on how many weeks of pregnancy you are when your baby is born, they may need admitting to the Neonatal Unit for closer observation and your baby may be given antibiotics through a cannula.

If you have any concerns about your own or your baby's health following the birth, **you must** seek urgent medical advice.

Contact numbers

If you have any worries or concerns about your waters breaking, induction of labour or anything about your pregnancy and birth, you should contact your midwife or see numbers below.

University Hospital of North Tees

Antenatal Day Assessment Unit

Telephone: 01642 624239

Monday – Friday, 9.00am - 9.30pm

Saturday and Sunday, 9.00am – 5.00pm

Outside these hours calls are transferred to the Delivery Suite.

Delivery Suite

Telephone: 01642 382718

24 hours a day, 7 days a week

Antenatal / Postnatal Ward

Telephone: 01642 382822

24 hours a day, 7 days a week

University Hospital of Hartlepool

Antenatal Day Assessment Unit

Telephone: 01429 522879

Monday – Friday, 9.00am - 5.00pm

Please contact your community midwife (9.00am - 5.00pm) or ring the above numbers if you wish to speak to a midwife about any aspect of your treatment plan.

References

1. Silverman, R.K & Wojtowycz, M. (1998) Risk factors in premature rupture of membranes, *Primary Care Update for Ob Gyns* 5(4)181
2. NICE Clinical Guideline NG 25, Preterm labour and Birth (2015) www.nice.org
3. Baird, S.M. & Ruth, D.J. (2002) Electronic fetal monitoring of the preterm fetus, *Journal of Perinatal and Neonatal Nursing*:16(1), 12-24.
4. Kenyon SL et al (2001) Broad-spectrum antibiotics for preterm, prelabour rupture of fetal membranes: the ORACLE 1 randomised trial., *Lancet*, 1: 979-88.
5. NICE Clinical Guideline CG70, Inducing labour (2008) www.nice.org.uk
6. NICE Clinical Guideline CG190, Intrapartum care for healthy women and babies (2017) www.nice.org

This section is for you to make notes if you wish or list any questions you may have.

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we're doing well or if there's anything which we can improve, that's why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719

Monday – Friday, 9.00am – 4.00pm

Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084

Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617

24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30pm – 4.30pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection, Caldicott and Disclosure Policy (IG5) in accordance with the Data Protection Legislation (General Data Protection Regulations and Data Protection Act 2018) and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 383551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE

University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH

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Fax: 01642 624089