



North Tees and Hartlepool
NHS Foundation Trust

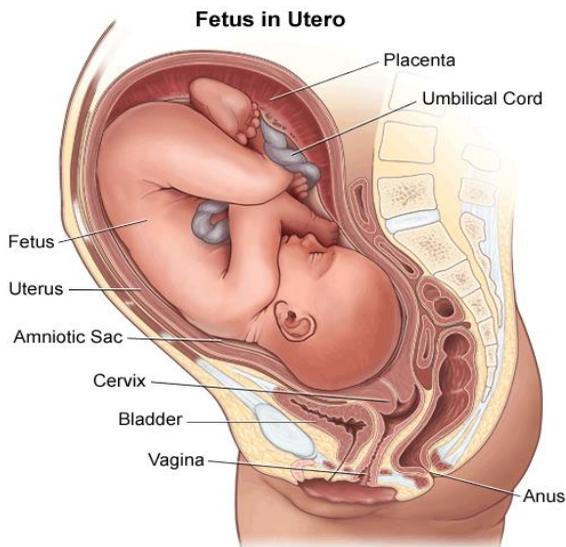
Spontaneous rupture of membranes before labour

More 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 and you are more than 37 weeks pregnant.



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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 before labour starts 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:

There is an increased risk of infection.³ **You must** wash your hands before and after handling your sanitary towel to avoid spreading bacteria.

More than half of women will go into labour within 24 hours.³ Induction of labour (IOL) is strongly recommended if labour does not happen in first 24 hours.⁴ IOL is a process of starting labour artificially. It cannot be done at home or at the Birthing Centre. Your delivery must then be carried out at North Tees.

If you have been informed that you have a vaginal infection and require antibiotics in labour, for example, GBS – Group-B Streptococcus, immediate IOL is recommended.

If the fluid is clear and you go home, you will be given a date and time when to return to the Maternity Unit for IOL unless you go into labour before then.

If the colour of the fluid is yellow or brown (the baby has passed meconium), immediate IOL is recommended.

You should continue as normal at home and you can have a bath or shower. It is thought best not to have intercourse.

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

- your temperature every 4 hours while you are awake, either with your own thermometer or with temperature strips provided by the hospital.³
- 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.³
- 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.

If IOL is required, you will be admitted to the Maternity Unit at North Tees. During labour, monitoring for signs of infection will be performed regularly. Once baby is born, you will need to stay for 24 hours to monitor baby for signs of infection.³

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

When you go into labour you do not need to come straight into hospital as you will find it easier to relax at home. You can take mild painkillers, for example, Paracetamol. You can always telephone the Maternity Unit for advice if you are concerned, or just need reassurance and support.

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?

If your labour started within 24 hours of your waters breaking and you and your baby are well, with no signs of infection, there is no need to take any further action.

If your labour started after 24 hours, or you were induced, you and your baby will be regularly checked for signs of infection and will require a longer stay on the Postnatal Ward.³

If you or your baby show signs of infection, swabs will be taken and sent to a laboratory to identify the cause and treatment will be started straight away. This will mean your baby will be given antibiotics through a cannula.

In some cases further tests may need to be carried out on your baby. These will be discussed with you by Neonatal (Special Care Unit) staff.

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. NICE Clinical Guideline CG190, Intrapartum care for healthy women and babies (2017) www.nice.org
4. NICE Clinical Guideline CG70, Inducing labour (2008) www.nice.org.uk

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

Telephone: 01642 617617

Fax: 01642 624089