

## Information for Women

---

### Obstetrics and Gynaecology

## If your waters break before labour starts (PROM)

Sometimes a woman's waters break before labour starts. This happens in about one in 20 pregnancies and is known as pre-labour rupture of the membranes (or PROM). When this happens, about nine out of 10 women will go into labour naturally within twenty-four hours. The longer the time between PROM and the birth of the baby, the higher the risk of infection to you or your baby. If your waters have been broken for more than 24 hours you will be offered intravenous antibiotics when you are in labour to protect against infection.

If you are more than 37 weeks pregnant and your waters have broken but you have not gone into labour you should be offered the choice of either:

- A 'wait and see approach' to see if labour will start naturally.

When deciding to 'wait and see' you will be offered induction of labour at daily intervals until the maximum 96 hours. (i.e. you could choose to 'wait and see' for 48 hours and book a time to be induced should you not go into labour naturally before 48 hours)

### OR

- Induction of labour ( between 0 and 96 hours after your waters have broken)

If your waters break before you go into labour your chances of having a caesarean section will not be increased by choosing either induction or 'wait and see'.

### 'Wait and see'

As a wait and see approach carries a slight risk of infection, you will need to:

- Check your temperature twice a day.
- Check for changes in the colour of your amniotic fluid (waters).
- Check for any other signs of fever (e.g. Shivers, flushing).
- Monitor your baby's movements - paying close attention to the frequency and strength of your baby's movements.

If you have not gone into labour after four days induction of labour is strongly recommended and you should speak to a midwife.

### Please complete the following chart

Take your temperature in the morning and afternoon. If it is over 37.5°C contact the Delivery Suite. Observe the colour of your waters in the morning and the evening. Contact the Delivery Suite if the colour is green or blood stained. Monitor your baby's movements. If you notice any change from the pattern of your baby's movements or you have less than 10 movements between your morning and evening meals, or you feel your baby is unusually quiet, contact the Delivery Suite. In these circumstances it is likely that your induction of labour will be brought forward.

## Information for Women

### Obstetrics and Gynaecology

#### If your waters break before labour starts - continued

Date and Time your waters broke: \_\_\_\_\_

Temperature	Morning	Afternoon
Day 1 (0-24 hours after PROM)		
Day 2 (24-48 hours after PROM)		
Day 3 (48-72 hours after PROM)		
Day 4 (72-96 hours after PROM)		
Liquor colour (waters)	Morning	Afternoon
Day 1		
Day 2		
Day 3		
Day 4		
Baby's movements	Morning	Afternoon
Day 1		
Day 2		
Day 3		
Day 4		

#### Induction of Labour

Induction of labour is a process designed to start labour artificially.

#### Where will your Labour be Induced?

Induction of labour will usually be started on the ward (Antenatal/Postnatal), although if you are being induced for medical reasons this will usually be done on the Delivery Suite.

## Information for Women

---

### Obstetrics and Gynaecology

#### If your waters break before labour starts - continued

##### Conquest Hospital

Please telephone the ward (01424) 755255 ext 2727 on the day of admission to confirm there is a bed available for you.

##### Eastbourne DGH

Please telephone the ward, (01323) 417400 ext 4365 at 3pm on the day of admission to confirm there is a bed available for you.

If a bed is not available, we will aim to give you an alternative time, usually within 24 hours. Depending on the reason why your labour is being induced, you may be offered a CTG recording of the baby.

#### How is labour induced?

There are a variety of methods that are used to induce labour. You may need one or all of the methods described depending on your individual circumstances.

#### Using prostaglandins

Prostaglandins are drugs that encourage the cervix to soften and shorten (ripen). This process allows the cervix to open and contractions to start.

In these hospitals prostaglandins are given in the form of a tablet, that is inserted into the vagina. Before giving prostaglandins your midwife will palpate your abdomen to determine the position and presentation of the baby and do a vaginal examination to determine the favourability of the neck of the womb and to decide if the prostaglandin is to be given. Your baby's heartbeat will be monitored using a 'CTG' (electronic fetal heart rate monitor).

After being given prostaglandin tablet you will need to lie on the bed for at least 60 minutes to allow the tablet to be absorbed. During this time the baby's heart beat will continued to be monitored. Once it has been established that everything is satisfactory the monitor will be discontinued and you will be able to move around.

During this time it is quite common to experience frequent brief tightenings/contractions of the uterus. This is the initial effect of the prostaglandins and is not true labour. The level of discomfort experienced is very variable, and pain relief is available if required.

There is no evidence to suggest that labour induced with prostaglandins is more painful than labour that has started naturally, although prostaglandins may sometimes cause vaginal soreness.

Some women are very sensitive to prostaglandins and on rare occasions this can cause the uterus to contract too frequently and this may affect the pattern of your baby's heart beat. If this happens the situation is resolved by changing your position, giving medication that helps the uterus to relax. In rare situations where the uterus continues to contract too frequently/strongly a Caesarean Section may be necessary.

## Information for Women

---

### Obstetrics and Gynaecology

#### If your waters break before labour starts - continued

##### Using oxytocin

This drug encourages contractions. Sometimes it is given to start your induction and sometimes it is given following the vaginal prostaglandin tablet. It is given through a drip and enters the blood stream through a small plastic tube into a vein in the arm. Once contractions have started, the rate that oxytocin is administered is adjusted so that the contractions occur regularly until your baby is born.

Whilst being given oxytocin your baby's heart beat must be monitored continuously, to ensure the baby is coping with the contractions.

The drip and CTG monitor limit movement, although the midwives will encourage you to be as active as possible. Restricted movement can make it more difficult to deal with the contractions without additional support.

##### 'Unsuccessful' induction of labour

Women respond differently to the drugs and procedures that are used in the process of induction. Some women do not progress to established labour despite several doses.

What happens after an unsuccessful induction depends on the health of the mother and baby and will be discussed with the obstetrician. If birth were judged to be necessary a Caesarean Section may be recommended.

##### Your birth partner

Your birth partner may stay with you at all times when you are on Delivery Suite. However unfortunately, we do not have facilities for partners to stay over night on Frank Shaw Ward, Conquest Hospital or Litlington Ward, Eastbourne District General Hospital, either before or after birth.

### Summary of benefits, risks and alternatives

#### Benefits of 'wait and see'

Benefits of a 'wait and see' approach for 24 hours:

- 86% of women will go into spontaneous labour within 24 hours

Benefits of a 'wait and see' approach greater than 24 hours:

- a further 5% of women per day will go into spontaneous labour

#### Risks of 'wait and see'

- After 24 hours following rupture of membranes the risk of infection begins to increase
- A 'wait and see' approach greater than 96 hours greatly increases the infection risk with little chance of going into spontaneous labour

## Information for Women

---

### Obstetrics and Gynaecology

#### If your waters break before labour starts - continued

##### Benefits of induction of labour

- For some women, improved health benefits than if the pregnancy were to continue (because of the risk of infection)
- For some babies, improved health benefits than if the pregnancy were to continue (because of the risk of infection)

##### Risks of induction of labour

- Uterus contracting too frequently
- Changes in fetal heart rate pattern
- May increase the use of epidural analgesia (and the need for an assisted delivery - ventouse/forceps)
- 'Failed' induction increasing risk of caesarean section

##### Date and time for planning IOL

The date and time for your induction of labour has been provisionally arranged for:

---

Please telephone the unit prior to admission to confirm whether there is a bed available for you.

##### Other sources of information

This patient information leaflet was put together by the Guidelines group and the Women's Focus group and was developed with reference to National Institute for Clinical Excellence (NICE) - Induction of Labour (2001).

Delivery Suite at Conquest Hospital or Eastbourne DGH or your Community Midwife.

NICE - National Institute for Clinical Excellence. Website: [www.nice.org.uk](http://www.nice.org.uk)

##### Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

After reading this information are there any questions you would like to ask? Please list below and ask your midwife or doctor.

---



---



---



---



---

## Information for Women

---

### Obstetrics and Gynaecology

#### If your waters break before labour starts - continued

#### Reference

Date Agreed: April 2007  
Review Date: July 2009  
Responsible Clinician: Nicola Mason and Gayle Clarke Specialist Midwife Practice  
Development

#### Hand Hygiene

In the interests of our patients the Trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.