

PRE-LABOUR RUPTURE OF MEMBRANES

For a small number of women, the membranes rupture (water breaks) prior to the onset of labour. The medical term for this is Pre-labour Rupture of Membranes (PROM).

Please note that ruptured membranes before Term, that is, before 37 weeks' gestation, could indicate that your baby will be born prematurely. In this case you will need professional care immediately, to ensure the best outcomes for you and your baby.

If you were to experience PROM at Term, would it be better to have an induction of labour, or wait for labour to commence naturally?

This information is intended as a general guide in uncomplicated pregnancies, and is designed to assist you in making an informed decision with your maternity care provider.

What happens?

During pregnancy, your baby is surrounded by amniotic fluid within a protective membranous sac, sometimes referred to as the 'bag of waters'. When the membrane ruptures, a gush of fluid is usually seen, and followed by uncontrollable leaking. PROM is usually sudden and unexpected, as labour has not yet begun. You may not be sure if the water is urine, or your baby's amniotic fluid.

It is important to note the colour and odour if any, and speak to your midwife or other maternity care provider.

What happens next?

Most women (up to 95%) begin labour within 24 hours of PROM.[1] However, for a small number of women, labour may not begin naturally within seven days.[1] The current research reviewed from almost 7,000 women shows that there is very little difference in outcomes between women who wait for labour and those that are induced.

What are the risks?

There is a slight decrease in the rate of infections for mothers who are induced with synthetic oxytocin (Syntocinon®), however, there are no differences in the newborn babies' Apgar scores, or rates of newborn infection (3%) or rates of caesarean births (10%) between induction and waiting for labour up to four days when dealing with PROM.[3]

- **Infection:** Early signs of infection include an increase in your temperature, or an unstable temperature.

If you develop signs of infection it is important to get medical treatment (antibiotics) without delay.

If you have tested positive for Group B Streptococcus (GBS), your maternity care provider will discuss the option of antibiotics.

However, if you are healthy, without any signs of infection, it is not essential that you have antibiotics as there is not enough evidence to demonstrate substantial benefits.[2] Antibiotics are powerful drugs that can, when used appropriately, prevent illness, but they may have unintended side effects.

It is also important after PROM to avoid vaginal exams, which may push germs up towards the uterus.

- **Prolapsed cord:** if your baby's head has not entered the pelvis prior to the PROM, there is a risk that the umbilical cord could appear in your vagina. This is an emergency, and you need to speak to your professional carer immediately.

Some facts about infections and birth

Between 10% and 30% of women have vaginal Group B *Streptococcus* (GBS) bacteria. Many of those women will pass the GBS to their babies, without harm.

Between 1 and 4 babies in 1000 born will develop a serious GBS infection, which is life-threatening.

Mothers can develop postpartum endometritis from GBS. Symptoms include fever and offensive loss.

Another serious, and relatively uncommon maternal infection is Chorioamnionitis, which involves the placenta and membranes. Multiple vaginal examinations in labour, and fetal monitoring via a scalp clip increase the risk.

Source: M Humphrey and A Rane (2005)

References

1. Dare, M.R., et al., *Planned early birth versus expectant management (waiting) for prelabour rupture of membranes at term (37 weeks or more)*. Cochrane Database of Systematic Reviews, 2006 (Issue 1): p. CD005302.
2. Flenady, V.J. and J. King, *Antibiotics for prelabour rupture of membranes at or near term*. Cochrane Database of Systematic Reviews, 2002(Issue 3): p. Art. No.: CD001807.
3. Hannah, M.E., et al., *Induction of labor compared with expectant management for prelabor rupture of the membranes at term*. The New England Journal of Medicine, 1996. 334(16): p. 1005-1010.
4. M Humphrey and A Rane. Ch 10 Infections in pregnancy. In: Finn, M., Bowyer, L., Carr, S., O'Connor, V., Vollenhoven, B. (2005). *Women's Health: A core curriculum*. Sydney: Elsevier Mosby. p130

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