



Information about pre-labour rupture of membranes after 37 weeks of pregnancy (PROM)

This information is for you if your waters have broken, you are 37 or more weeks pregnant, and your labour has not yet started. Labour is when you are having regular contractions that are softening and opening your cervix, and moving your baby down into your birth canal.

What is PROM?

Your baby grows and develops inside a membrane bag (amniotic sac) that is filled with amniotic fluid (your waters). 'Waters breaking' or 'rupture of membranes' means that water is leaking from the sac surrounding your baby. If you are not having regular contractions and your waters are broken, this is called pre-labour rupture of membranes (PROM).

- PROM happens in approximately 8-10% of pregnancies.
- Labour starts within 24 hours of PROM in approximately 60-80% of pregnancies.
- The risk of infection to your baby increases the longer your waters are broken.
- The chance of serious infection affecting your baby before your waters break is 0.5% (1 in 200).
- The chance of serious infection in your baby increases to 1% (1 in 100) if your waters are broken for more than 24 hours, before your baby is born.

What are my options?

If you and your baby are well, you will be offered the choice of:

- 1) Going home to 'wait and see' if your labour starts naturally over the next 18-24 hours.
- 2) Induction of labour (medication to start your labour). It may not be possible to start your induction of labour immediately, but you will be offered the next available induction of labour (IOL) slot. The timing of your induction will be planned in partnership with you carefully considering the wellbeing of you and your baby, and the activity within the maternity unit.

What to look out for while waiting

If you decided to 'wait and see' it is important that you contact the Maternity Triage line on 0118 322 7304 if you notice any of the following:

- You feel unwell.
- We recommend that you check your temperature every four hours. If you do not have a thermometer, please let us know and we can provide one.
- If your temperature is higher than 37.5°C.
- If your waters become brown, green, bloodstained, or smelly (it is best to wear a sanitary towel to make it easier to see the colour of your waters).
- Your baby's movements change, slow down or stop.
- You start having contractions.

- You notice any bleeding.
- Your tummy feels sore or tender.
- You are worried for any reason.

You can bathe and shower as normal, but we do not recommend you have sexual intercourse as this can increase your risk of infection.

Is there anything I can do to help my contractions start?

While waiting for your contractions to start we recommend balancing your preferred choice of activities with rest and relaxation:

- Maintain your regular daily routine as much as possible.
- Drink to thirst only, try not to drink too much or too little. Electrolyte drinks (non-fizzy sport drinks) can be helpful to maintain hydration and energy.
- Empty your bladder regularly.
- Rest Smart when you're tired: Rest Smart - Spinning Babies
<https://www.spinningbabies.com/pregnancy-birth/techniques/rest-smart/>
- Walk or dance gently.
- If you have a birthing ball, try some hula-hoop circles while sitting on the ball.

Please ring 0118 322 7304 at any time for advice

If you do not go into labour within 24hrs after PRoM

Please phone the Delivery Suite (0118 322 7215) on the date and time given below:

Date: _____ Time: _____

What will happen when I attend hospital?

If your contractions have not started on their own, you will be offered an Induction of Labour (IOL). Your birthing partner can be with you throughout your IOL. Before your induction begins, the midwife will discuss the process with you, answer any questions you have, and find out if you have any preferences. The midwife will then:

- Ensure that you and your baby are well by carrying out an antenatal check. In addition, the midwife will offer to perform an ultrasound scan to confirm the position of your baby.
- The midwife will recommend an internal vaginal examination, using a speculum. Internal vaginal examinations are used during induction of labour and labour to find out if your cervix (the neck of your womb) is shortening and opening with contractions.

The findings of your antenatal check, the internal vaginal examination and your options will be discussed with you.

Prostin gel

If you are not having any contractions and your cervix has not opened and shortened, prostin gel will be offered. Prostin is a hormone that helps to soften and open your cervix and may stimulate contractions when inserted into your vagina. Following the insertion of prostin gel, you will be admitted to the Induction Suite for support and on-going care. If contractions do not start within six hours, we recommend a hormone infusion of oxytocin to encourage contractions.

Oxytocin Infusion

Oxytocin is a medication that causes your womb to contract. Oxytocin is given through an infusion (a drip) and enters your bloodstream through a small tube in your arm. The rate of the drip is adjusted until your contractions are regular (3 or 4 contractions every 10 minutes), and continues until your baby is born. When the Oxytocin infusion is running, we recommend that your baby's heart is continuously monitored. Oxytocin can only be used on the Delivery Suite due to the monitoring required.

Possible side effects of oxytocin

- Oxytocin can make your contractions stronger and regular, and often works quite quickly. Your midwife will talk to you about pain management options
- Being attached to the Oxytocin infusion can limit your ability to move around the room, however, it is still possible to use birthing balls and different positions for labour and birth. To support you to remain mobile, we can continuously monitor your baby's heart using a wireless fetal monitoring system.
- Oxytocin can cause your womb to contract too frequently, which may affect your baby's heartrate. To avoid this, we reduce the rate of Oxytocin to slow down your contractions. For these reasons, we recommend continuous monitor of the frequency of your contractions and your baby's heart rate.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

Resources / Further information

- NICE guideline – Inducing labour NG207 <https://www.nice.org.uk/guidance/ng207>
- RCOG “When your waters break prematurely” available at: <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/when-your-waters-break-prematurely/>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here

