

# Pre-labour rupture of membranes (PROM)



REGION SJÆLLAND

HOLBÆK SYGEHUS

*-vi er til for dig*



### **Induction of labour What does it involve?**

- **Labour induction**
  - Shorter time from the waters breaking to birth.
  - Reduces the likelihood of antibiotic treatment during labour.
  - Probably reduces the risk of infection for both mother and baby.
  - As a general rule, pain relief in water or giving birth in water is not an option.
  - Need for additional fetal heart rate monitoring during labour (CTG).
  - You will receive medication to stimulate contractions, which may require hospitalization. See the patient information on Induction of Labour for a detailed description, including the side effects of the medication.

### **Waiting for spontaneous contractions What does it involve?**

- Longer time from the waters break to time of birth.
  - Increases the likelihood of antibiotic treatment during labour.
  - Probably increases the risk of infection for both mother and baby over time.
  - If you go into labour on your own, you can generally receive pain relief in water and give birth in water within 24 hours after your water breaks.
  - If everything is normal within the first 24 hours after water breaking, there is no need for additional fetal heart rate monitoring during labour (CTG). Instead, the baby's heart rate is monitored using a stethoscope or Doppler device.
  - You increase the chance that your labour will start spontaneously, and you may not need labour induction later.

## **PROM**

About 10% of all births start with the water breaking. In some cases, contractions begin shortly after. In other cases, several hours or even days may pass without contractions, if these are not stimulated.

### **What happens when the waters break?**

When the waters break, the membranes around the baby and the amniotic fluid rupture, and some of the amniotic fluid leaks out. New amniotic fluid is constantly produced, so the baby is still surrounded by fluid. You will therefore experience continuous leaking of amniotic fluid until you have given birth. When the membranes were intact, they helped create a protective environment. However, when the waters break there is an increased risk that bacteria, from the vagina, can enter the uterus and cause infection for both mother and child. The risk of infection is small, but the risk increases the longer there is

between the water breaking and the birth of the baby. If you have signs of infection, you will be advised to receive antibiotic treatment via an intravenous drip.

### **The next steps**

After your water breaks, you should contact the maternity ward by phone.

If:

- The amniotic fluid is clear.
- Your pregnancy has been uncomplicated.
- You have felt normal fetal movements after the water broke.
- You feel well without fever.
- You have not had treatment-requiring Group B streptococcus (GBS) in your urine during pregnancy.

Then you can wait for spontaneous contractions at home after

agreement with the maternity ward.

This is for two reasons:

1. 79% of women, who have no contractions, when the waters break, go into spontaneous labour within 12 hours.
2. The risk of infection for mother and baby is low.

### **Examination at the maternity ward**

You will be invited for an examination at the maternity ward no later than 12 hours after your waters have broken. The timing depends on whether you have contractions, any pregnancy complications, or any issues related to water breaking. The midwife will assess this during the phone call.

Upon arrival at the maternity ward, the midwife will:


- Confirm whether the waters have broken.

- Check the colour and smell of the amniotic fluid.
- Measure your temperature, blood pressure, and pulse.
- Feel your abdomen to assess the baby's position and size.
- Monitor the baby's heart-beat and contractions with a CTG machine for 20-30 minutes.
- Possibly perform a vaginal exam.
- If it is confirmed that the waters have broken, we recommend a GBS test using swabs from the vagina and rectum.

### **GBS test and antibiotic treatment**

We recommend testing for GBS because 10-20% of pregnant women carry GBS bacteria as part of their vaginal flora. Results come within 1-2 hours.

If positive, we recommend antibiotics every 4 hours to reduce the



risk of GBS transmission to the baby during birth, which can cause serious infection in the days following birth.

Until you give birth, the GBS test will be repeated every 24 hours, and antibiotics will be recommended if the test is positive, and/or if you develop a fever or show other signs of infection.

### **Medical labour stimulation**

We recommend medical labour stimulation 12 hours after the water has broken, but timing may vary depending on individual factors.

If the GBS test is positive, stimulation is recommended as soon as possible.

If negative, recommendations will be more individualized.

Time is an important factor regarding the risk of infection for mother and baby.

If no contractions develop and the cervix remains long, some may benefit from starting medical stimulation after 12 hours.

If you already have contractions, your cervix is shortened or fully

effaced, or you have previous experience with water breaking followed by spontaneous contractions, it may be appropriate to wait for longer.

If you choose to wait, we recommend stimulation no later than 24 hours after the water has broken, by which time 95% of women will have gone into spontaneous labour.

The decision to wait or induce labour does not have to be made alone; the midwife can help guide you based on your wishes and situation.

### **Choice of medical labour stimulation**

The method of induction of labour depends on your cervical length and if you have had a previous caesarean section.

If your cervix is intact or only partially shortened and you have not had a caesarean in a previous pregnancy, stimulation with a maximum of 3 Angusta® tablets is recommended. If more stimulation is needed, a syntocinon drip

is used.

If you have had a caesarean section or your cervix is nearly or fully shortened, stimulation by syntocinon drip is recommended.

More detailed information about Angusta® tablets and syntocinon drip, including side effects, is available in the patient information "Induction of labour".

### **What to do at home?**

Whether waiting for spontaneous contractions or using Angusta® tablets, it's important to create good conditions for your body to start contractions:

- Continue to eat and drink
- Create a calm environment.
- Rest and try to get some sleep if possible.
- Go for walks or move around.
- Measure your temperature rectally every 4 hours.


### **Contact the maternity ward if:**

- Your temperature is 37.5°C or higher.
- The amniotic fluid changes colour to green or brown.
- The amniotic fluid smells bad/foul.
- You notice fewer fetal movements than usual.
- You experience contractions.
- You bleed heavily from your vagina.
- You feel unwell or have chills.
- You have questions or feel uncertain or unsafe.

### **After birth**

If your GBS test was positive, we recommend staying at the post-natal ward for observation of your baby for 48 hours. We will monitor for signs of infection. In some cases, the baby will also have a blood test for infection 18-24 hours after birth.

If the waters broke more than 18 hours before birth and no GBS



test was done, we recommend 48 hours observation of the baby in the postnatal ward.

If GBS test was negative and you had no fever or complications, you may go home on outpatient

basis 4-6 hours after birth if you wish.

Kind regards,  
Maternity and Postnatal Ward  
Holbæk Hospital

Own notes:

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