Northumbria Healthcare
NHS Foundation Trust

When your waters break early

Issued by Obstetrics and Gynaecology

The purpose of this leaflet

This information leaflet has been produced to give advice to women who may experience Preterm Prelabour Rupture of Membranes (PPROM), otherwise known as early breaking of waters, or rupture of the membranes. The baby is surrounded by fluid within a bag of membranes. There is a link between waters breaking and the growth of certain types of bacteria in the vagina. The vagina is not sterile and usually contains healthy bacteria. However, certain bacteria produce enzymes which can weaken the membranes and cause the waters to break too soon and fluid leak out.

How will I know if my waters are breaking early?

You may notice a ‘gush’ of fluid or you may feel damp. The fluid (known as amniotic fluid) is clear with an amber/yellow tinge or sometimes a greenish colour. It may be slightly blood stained. The amount of fluid you lose may vary from a trickle to a ‘gush’. If this happens before 37 weeks, it means your waters are breaking earlier than normal. Two out of every 100 women (2%) experience this during pregnancy.

What caused it?

For most women the cause of their waters breaking is not known.

It is unlikely that:

- Anything you did caused your waters to break early
- Anything could have been done to prevent this from happening.

What should I do?

If you think that you are leaking fluid from the vagina, it is advisable to wear a sanitary pad (not a tampon) and monitor how much fluid you are leaking, its colour and smell. Sometimes the fluid leaking is urine. Leaking urine can be normal during pregnancy. Leaking amniotic fluid smells different from the smell of urine. If you think the fluid is amniotic fluid, you must contact your local hospital.

What happens at the hospital?

You will be seen by a midwife/doctor for a review which may include:

- A discussion with your midwife/doctor about whether you have experienced this in a previous pregnancy (if it has happened before, it is more likely to happen again).
- A vaginal examination. Your midwife/doctor will use a speculum to look at your cervix (entrance to the womb) and see if the cervix is changing ready for labour, or if fluid can be visualised draining.
- An ultrasound scan to see the amount of fluid around the baby.
- A heart rate monitoring trace of the baby's heartbeat.

If your waters have not broken, you will be able to go home. If at first only a very small amount of amniotic fluid leaks, it is not always easy to confirm that your waters have broken. If you continue to leak fluid at home, you should return to the hospital for a further check-up because none of the tests are 100% accurate.

If the check-up shows that your waters have broken, you will need:

- To be admitted into hospital
- Regular tests and monitoring for infection including having your temperature and pulse taken
- A blood test
- A vaginal swab (the result of your swab may indicate the presence of a common vaginal infection called Group B streptococcus).

Known possible risks and side effects

What could this mean for me and for my baby?

Spontaneous vaginal delivery (preterm birth): Most women go into labour spontaneously within 24 and 48 hours of their waters breaking. The risk of this happening is increased when infection is present.

Infection: The membranes form a protective barrier around the baby and after these have broken, there is a risk of bacteria and infection getting into the womb. When infection gets into the womb it is known as chorioamnionitis and this can trigger a preterm birth.

The symptoms of infection may include a temperature, an unusual vaginal discharge with an unpleasant smell, a fast pulse rate and/or abdominal (uterine) pain. Your baby's heart rate may be faster than normal. Once you have an infection, you may need to be delivered to prevent further infection for you and your baby.

Lung development: The amniotic fluid which surrounds the baby is needed for the baby's lung to develop. If the waters break very early, there may not be enough fluid for your baby's lungs to develop naturally.

Prematurity: If your baby is likely to be born early, you should be given full information about what this might mean for your baby's health and development.

Premature babies (born before 37 weeks) can have an increased risk of health problems, particularly with breathing, feeding and infection. Babies born before 34 weeks tend to have a higher risk of severe breathing problems, which may require intensive support.

Problems are even more severe when a baby is born before 28 weeks of pregnancy. Those premature babies with a problem will be cared for in hospital. In some cases the hospital might move you and/or your baby to a different hospital to give your baby more specialist care.

What treatment can I have?

There is no treatment that can replace the fluid or repair the hole in the membranes of the amniotic sac. The baby's kidney's will continue to produce amniotic fluid even if the waters are broken. You may leak fluid for the rest of your pregnancy.

The purpose of the treatment is to monitor for signs of infection and help get ready for birth. You may be offered:

- A course of antibiotics to treat and/or lower the risks of infection and the associated problems. These antibiotics will not harm your baby.
- A steroid injection (corticosteroids) to help the baby's lungs mature for breathing.
- Medication (tocolysis) to stop contractions and reduce the risk of the baby being born too early. Tocolyis is not routinely given. It is used if you need to be transferred to a hospital where there is a cot on a neonatal intensive care unit. It may also be used if more time is needed for the steroids to work.

What if my waters break before 24 weeks?

If your waters break before 24 weeks of pregnancy and you give birth, sadly it is unlikely that your baby will survive. Babies who do survive are likely to have serious health problems. The possible treatment and outcomes for your baby will be discussed with you.

When can I go home?

If your waters have broken, you may be advised that you need to stay in hospital until the baby is born. However, going home may be an option if you can return to the hospital easily. You will need to check for signs of infection at home. This may be considered after 24 – 48 hours of inpatient monitoring.

What should I do at home?

Your doctor will have a full discussion about the signs of infection to watch for. It is very important that you:

- Check that your temperature is normal twice a day (a normal temperature is 37.0 degrees Celsius or less).
- Check the colour of the fluid does not change (see below). You should wear a sanitary towel rather than a tampon.
- Avoid vaginal intercourse.

You will be asked to come to the hospital at least once a week for a check-up. This may involve:

- A blood test to measure white cell count (white cells fight infection and will increase if infection is developing).
- A vaginal swab to see if any unhealthy bacteria are present. Only if there are changes in liquor or temperature.
- Depending on your unit, an ultrasound scan to look at the amount of amniotic fluid around the baby and flow of blood through the placenta (Doppler scan).
- You will be asked to come to the hospital twice a week to monitor your baby's heart rate.

When should I call for help?

Contact your doctor and/or return to the hospital immediately if you experience any of the following:

- Raise temperature
- Flu-like symptoms
- Vaginal bleeding
- If the leaking fluid becomes greenish or smelly
- Abdominal pain
- Concerns about your baby's movements

What are my options for giving birth?

Your doctors should discuss your options for giving birth.

Depending on your situation, these may include:

- Being induced at 34 weeks will reduce the chance of infection. You will be given vaginal pessaries or a drip to start your labour. Being induced increases your chance of needing a caesarean section.
- Continuing with your pregnancy until you give birth naturally (37 to 42 weeks). Continuing with the pregnancy may increase the risk of infection (chorioamnionitis), but reduces the risk of problems relating to a premature baby.

Sources of information

BLISS
0808 801 0322
www.bliss.org.uk

Royal College of Obstetrics & Gynaecology
www.rcog.org.uk

Contact Numbers

The Northumbria Specialist Emergency Care Hospital
Northumbria Way
Cramlington
NE23 6NZ
Pregnancy assessment unit: 0191 607 2815
Birthing centre: 0191 607 2318
Ward 16: 0191 607 2016

Berwick Midwifery Led Unit
High Green
Berwick-upon-Tweed
TD15 1LT
01289 356 622

Hexham Midwifery Led Unit
Corbridge Road
Hexham
NE46 1QJ
01434 655 352

Hillcrest Midwifery Led Unit
Infirmary Drive
Alnwick
NE66 2NS
01665 626 732

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Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices
www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

Patient Advice and Liaison Service (PALS)
Freephone: 0800 032 0202
Text: 07815 500015
Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust
General Enquiries 03 44 811 8111
www.northumbria.nhs.uk

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