



Preterm Pre-labour Rupture of Membranes (PPROM)

Information for women if your waters have
broken before 37 weeks of pregnancy

What does 'waters broken' or 'ruptured membranes' mean?

When you are pregnant, your baby is surrounded by membranes which make up an intact bag containing amniotic fluid ("waters"). If these membranes break before you are 37 weeks pregnant, and you do not go into labour, it is known as Preterm Pre-Labour Rupture of Membranes (PPROM).

Once your waters have broken you may experience a constant trickle of fluid until your baby is born, this fluid is normally a clear or straw colour and will require you to wear a sanitary pad.

Will I go in to labour now my waters have broken?

There is an increased risk of going into pre-term labour when your waters have broken and this is why you will usually spend some time as an inpatient in maternity services after your PPRM has been confirmed. This will

enable midwives and obstetricians to observe if there are any signs of labour starting. A vaginal examination will only be performed if you are contracting regularly. If you do not go into labour after 48 hours, it may be possible for you to go home and be monitored at our Day Obstetric Unit regularly. If you do go into labour you will be given antibiotics through a drip in your hand. More details are provided under the 'what will happen next' section of this leaflet.

What risks are there to my baby?

When your PPROM is confirmed, the midwife will listen to your baby's heart beat using either a hand held sonic-aid or an electronic monitor to ensure your baby is well and is not affected by your waters breaking.

As there is an increased risk to your baby being born prematurely, you will be offered two steroid injections 24 hours apart after your PPROM depending on the stage of your pregnancy. These steroids help produce surfactant, a protein in your baby's lungs, which helps the lungs to develop more quickly.

There is also an increased risk of your baby developing an infection if the protective bag has broken. More details are provided under the 'what will happen next' section of this leaflet. When you go home, you will be asked to monitor your baby's movements as they may decrease if

your baby becomes unwell, and to monitor the colour of the water, and your temperature and pulse rate.

What risks are there to me?

There is an increased risk of you also developing an infection known as chorioamnionitis, which is an infection in your uterus. Your temperature will be regularly checked when you are in hospital along with your pulse.

When a PPRM is confirmed, swabs will be taken from your vagina to see if there is any infection present which requires further antibiotic treatment. A urine specimen will be sent to the lab for testing. Blood will also be taken from your arm to obtain a full blood count to see if there are any changes that may indicate an infection is present.

What will happen next?

Typically you will be allowed some time to begin to labour yourself if there are no signs of infection in you or your baby. This means that labour will not be started artificially if you and your baby are well. You will be given an antibiotic called Erythromycin (if you cannot tolerate Erythromycin an alternative antibiotic is available) when you are in hospital, and this will be continued for 10 days. This antibiotic helps to reduce the risk of infection and to reduce the risk of preterm labour. You are advised to refrain from sexual intercourse after a PPRM.

You will be asked to attend the antenatal clinic weekly and the Day Obstetric Unit 2-3 times weekly which will enable the midwives to confirm that both you and your baby are well. Depending on the stage of your pregnancy this will be done by performing an electronic trace of your baby's heart rate 2-3 times a week and by repeating swabs and a full blood count once a week to make sure no infection is present. If an infection is suspected in either you or your baby, then it may be necessary to deliver your baby. Your consultant will discuss the best method of delivering your baby with you should this happen.

What are signs of infection?

You must contact the hospital if you have any of the following:

- Raised temperature
- Generally unwell with flu like symptoms
- Pains in your uterus
- Water changes colour or has an offensive smell
- Any decrease in your baby's movements
- Any bleeding
- Contractions.

Who should I contact?

You must contact Admissions on 028 9063 2037/9063 5291, where there are midwives present 24/7 to advise you.

What will happen once my baby is born?

This will depend on how many weeks pregnant you are when you give birth and if your baby is well.

If your baby is born before 36 weeks, then s/he most likely will spend some time in our special care baby unit, being looked after by specialist nurses and doctors.

If your baby is born after 36 weeks and is well, then you and your baby will be looked after by staff within maternity services for a minimum of 24 hours with regular temperature checks to ensure there is no infection. This will also give you time to bond with your baby and to establish regular feeding.

Royal Jubilee Maternity Services

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Useful links

<http://belfasttrust-maternityservices.hscni.net/index>

www.little-heartbeats.org.uk

<https://www.tommys.org/pregnancy-information/pregnancy-complications/waters-breaking-early-pprom>

<https://www.nice.org.uk/guidance/ng25?unlid=9291036072016213201257>