

If your waters break before labour starts

Information and advice for women who
are more than 37 weeks pregnant



Contents

When your waters break	4
At your assessment	5
Risk of infection	6
In the first 24 hours after your waters break	7
When labour starts	9
After 24 hours	10
Caring for you and your baby after the birth	13
Going home	14
Useful links	14

If you think your waters may have broken or you may be in labour, call Labour Line.

Labour Line: 0300 123 9001

Our Labour Line midwives are on call 24 hours a day. They can offer you advice as your labour starts to establish, and provide you with support and encouragement, as well as practical tips and suggestions.

This booklet explains what happens if your waters break before labour starts. Please discuss any questions you may have with your midwife or obstetrician

While you are pregnant, your baby is surrounded by amniotic fluid (known as your 'waters'). This fluid allows your baby to move and protects them from bumps and injuries. It is contained within a protective sac sometimes called the 'membranes'.

As your body prepares for labour, your baby moves into your pelvis (becomes 'engaged'). In this position, your baby's head will put pressure on your cervix (the neck of your womb) and on the membranes.

In some cases, this can cause the membranes to rupture (known as your waters 'breaking') before your labour contractions start. This happens in about 1 in 12 pregnancies (about 8%) and is known as pre-labour rupture of membranes.

When your 'waters break'

If your waters break before your labour starts, you may feel a slow trickle of fluid from your vagina or a sudden gush that you cannot control, or you may just feel damp.

If you think your waters may have broken, wear a maternity sanitary towel (not a tampon) and make a note of the colour and amount of the fluid leaking from your vagina. Then phone Labour Line on **0300 123 9001** for advice from our team of midwives.

When you phone Labour Line the midwife will ask you about:

- the health and well-being of you and your baby during your pregnancy
- your baby's pattern of movements
- the colour and amount of fluid leaking from your vagina
- any contractions you may be experiencing

If there are any concerns about you or your baby's well-being, the Labour Line midwife will arrange an assessment for you at the maternity day assessment unit at the Princess Anne Hospital. Your assessment appointment will be within two hours of your phone call.

If there are no concerns and the leaking fluid is clear, you will be invited to come to an initial assessment in one of our birth centres:

- Broadlands Birth Centre
- New Forest Birth Centre

Your appointment will be within 24 hours of your phone call.

Call Labour Line immediately if:

- you are feeling unwell in any way
 - the fluid is smelly or a green-brown colour
 - you are losing blood
 - your baby is moving less than before
- You and your baby may need urgent attention.

Group B streptococcus infection

Induction of labour within four hours of your waters breaking is recommended if:

- you have been told that you carry Group B streptococcus or have done at any time
- you have previously had a newborn baby who became unwell due to Group B streptococcus
- you have previously had a newborn baby who was found to carry Group B streptococcus within the first seven days of life

Please discuss this with your midwife when you phone Labour Line and arrangements will be made for you.

At your assessment

Your midwife will assess the well-being of you and your baby at this appointment. This will include assessment of your blood pressure, as well as your baby's heartbeat and movements. You will also be asked to provide a urine sample.

If you have a small trickle of fluid it may be amniotic fluid or urine. Leaking urine is also common while you're pregnant and it is not always easy to tell the difference between amniotic fluid and urine. An internal examination with a speculum is recommended. This will allow your midwife or obstetrician to see your cervix and any fluid leaking through it.

If it is obvious that your waters have broken and the amniotic fluid is clear, an internal examination to assess your cervix is only recommended if you are also having contractions.

If your waters don't appear to have broken but you continue to leak fluid when you are at home, wear a sanitary towel and contact Labour Line again for advice or to arrange a further assessment.

Implications for you and your baby – risk of infection

Most women go into labour soon after their waters break.

- 60% of women go into labour naturally within 24 hours
- 91% of women go into labour naturally within 48 hours

For a very small number of women, infection can develop in the amniotic fluid surrounding the baby after the waters break. As the length of time between your waters breaking and your baby being born increases so does the likelihood of an infection developing.

The risk of your baby developing a serious neonatal infection is:

- 1 in 100 (1%) women with pre-labour rupture of membranes (waters breaking before labour begins)

This can be compared with:

- 1 in 200 (0.5%) for women whose membranes are intact (waters not broken) when labour begins

Neonatal infection is rare, but it can be serious and potentially life-threatening. If your waters break before labour, your midwife or obstetrician will discuss this risk and recommendations for your labour with you.

In the first 24 hours

The risk of infection developing in the first 24 hours after your waters break is low and the likelihood of labour starting naturally is high. You can either 'wait and see' if your labour starts naturally, a choice supported by the 'Department of Health' (NICE Guidelines 2014) or request an induction of labour if you prefer.

'Wait and see' in the first 24 hours

If you choose to take a 'wait and see' (or 'expectant management') approach, you can go home while you wait for labour to start. There is no greater risk to you or your baby at home and you will probably be more relaxed and comfortable than you would be in hospital.

If you go home, you will need to take care to prevent infection and look out for any warning signs.

Do:

- pay attention to your baby's movements. They should be moving normally, the same as they were before your waters broke
- check your temperature using a thermometer (if you have one) every four hours, during waking hours
- change your sanitary towel regularly, at least every four hours during the day (whether it is wet or not)
- check the fluid on your sanitary towel regularly. It should be clear and without an offensive smell. It may also be slightly pink and you may have a mucous "show"
- bath and shower as normal

Do not:

- use tampons
- use bubble bath or bath oils
- go swimming
- use any deodorant, talcum powder or perfumes around the genital area
- have sex (this can cause infections)

Call Labour Line immediately if:

- your baby is moving less than they were before your waters broke
- your temperature is above 37.4 degrees Celsius
- you feel unwell or feverish
- you notice any change in the colour or smell of your 'waters'
- there is any bleeding or any brown or green discharge (meconium)

Inducing your labour within the first 24 hours

If you would like your labour to be induced within the first 24 hours after your waters break, please speak to your midwife. They will support you with your request and answer your questions to help you make an informed decision. The likelihood that you will need a caesarean section or assistance with a vaginal birth will not change whether you are induced immediately or whether you choose to 'wait and see' for up to 96 hours.

When labour starts

Every woman's experience of labour is different, but it's common to experience lower back pain or abdominal pain similar to 'period pain'.

At the beginning your contractions may be irregular in strength and frequency, and they may 'stop and start'. As time goes on the contractions will get longer, stronger and closer together. You may feel the contractions at the front of your bump, in your back or at the top of your legs.

For more information about this stage of labour, please read our 'What to expect in the early stages of labour' factsheet. You can download it from www.uhs.nhs.uk/maternity or ask your midwife for a copy.

Call Labour Line if:

- you think you might be in labour
- you are ready to transfer to your place of birth
- you would like further advice or support

You may choose to give birth at home or within a Birth Centre (either Broadlands or New Forest) if your labour starts within 24 hours of your waters breaking and there are no other concerns about the well-being of you or your baby.

Transfer to labour ward is only necessary if your baby passes meconium (causing your waters to become green or brown in colour) or any other concerns about the wellbeing of you or your baby are identified while you are in labour.

If your baby is born more than 24 hours after your waters break, the 'Department of Health' recommends careful observation of your baby's well-being within a hospital environment. For more information, please see the 'Care after birth' section on page 13.

After 24 hours (prolonged rupture of membranes)

If more than 24 hours have passed between your waters breaking and your labour starting, you will be advised to labour and birth in an obstetric unit. This is the labour ward on D level at the Princess Anne Hospital. This advice is based on recommendation made by the Department of Health (NICE 2014) which suggests you birth where there is access to neonatal (newborn specialist) services.

This is because of the increased risk of infection entering your uterus (womb) from your vagina and affecting you and/or your baby. Being cared for on labour ward will allow you and your unborn baby to be closely monitored for signs of infection both during labour and after birth. It also allows infection to be treated quickly if it develops.

You will not need antibiotics in labour unless you become unwell or your temperature and pulse rate are abnormal.

Use of the birthing pool is not recommended.

An appointment will be made for you to return to the Labour Ward 24 hours after your waters have broken if your labour has not become established. This will allow the well-being of you and your baby to be assessed. During this appointment your midwife will also discuss induction of labour with you and offer to arrange an appointment for you.

Please discuss the advantages and disadvantages of induction versus expectant management with your midwife who will be happy to answer any questions you may have.

Inducing your labour after 24 hours

Induction of labour (starting labour artificially) after 24 hours is associated with a reduction in infection in mother and baby when compared with longer expectant management.

Before you are induced your midwife will assess your baby's well-being. This includes monitoring your baby's heartbeat continuously for approximately 20 to 40 minutes using a cardiotocograph (CTG).

The method used to induce your labour will depend upon your individual circumstances. Your midwife will discuss your options with you. For more information about having your labour induced, please see our 'Induction of labour' leaflet. You can download it from www.uhs.nhs.uk/maternity or ask your midwife for a copy.

'Wait and see' after 24 hours

You may choose to 'wait and see' for longer than 24 hours instead of having your labour induced. Your midwife or obstetrician will discuss this option with you and ensure you are aware of the risks and benefits.

If you choose this approach you will need to monitor your baby's movements regularly and check your temperature every four hours during waking hours. You will also be invited to attend appointments at the birth centre or maternity day assessment unit every 24 hours. This will allow your baby's heart rate and movements to be assessed.

Call Labour Line immediately if:

- your baby is moving less than they were before your waters broke
 - your temperature is above 37.4 degrees Celsius
 - you feel unwell or feverish
 - there is any bleeding, or any brown or green discharge (meconium)
 - you notice any change in the colour or smell of your 'waters'
- Immediate induction of labour may be recommended.

It is very likely that your labour will start naturally within 96 hours (four days) of your waters breaking. Only 6% of women whose waters have broken do not go into labour within this time.

If your baby hasn't been born within 96 hours of your waters breaking, inducing your labour is strongly recommended. This is because the risk of your baby developing an infection or needing to be cared for within the neonatal unit increases with time.

Caring for you and your baby after the birth (postnatal care)

Care for you

There is also a possibility that you may develop an infection in your uterus (womb).

Speak to one of the hospital midwives if:

- your stomach or pelvis is painful
- you feel feverish or unwell
- your blood loss is heavy or smells offensive

If you are at home when these symptoms develop, call your community midwife or GP.

Care for your baby

If the length of time between your waters breaking and your baby being born is more than 24 hours, you will be advised to stay on Burley (postnatal ward) at the Princess Anne Hospital for 24 hours after your baby's birth. During this time your baby's heart rate, temperature, breathing rate and feeding will be observed. This will allow signs of infection to be identified.

If your baby was born at home or at the New Forest Birth Centre, your midwife will discuss the most appropriate location for their first 24 hours observation, with our team of neonatal paediatricians (doctors who specialize in caring for babies)

If your baby has developed an infection, they will be given intravenous antibiotics (infection-fighting medicine, given through a vein) and you will need to stay in hospital for a longer time. It is usually possible for mothers and babies to stay together while care is given to baby.

Going home

When you take your baby home from hospital, you will need to watch out for signs of infection in your baby.

You will be given a copy of our 'Signs that your baby' may be unwell' factsheet. It includes a list of signs and symptoms to look out for and phone numbers to call if you are concerned. You can also download a copy of this factsheet from www.uhs.nhs.uk/maternity

Please be assured that most babies are well and do not develop any of these symptoms. It is important to be aware of them because babies can become poorly quite quickly, but they can also get better quickly with the right treatment.

Always seek urgent medical attention if you suspect your baby is unwell.

Call 999 for an ambulance if:

- your baby is having trouble breathing
- you are unable to wake your baby up

Useful links

NHS Choices www.nhs.uk

Healthier Together website www.what0-18.nhs.uk

Princess Anne Hospital

Coxford Road
Southampton
SO16 5YA

Main switchboard telephone: **023 8077 7222**

For a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688.

www.uhs.nhs.uk

© 2018 University Hospital Southampton NHS Foundation Trust. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright holder.

Version 1. Published June 2018. Due for review June 2021. 1785