

PRELABOUR RUPTURE OF MEMBRANES (PROM)

When your water breaks *before labour*

What is PROM?

PROM means that your water breaks before labour begins. Labour is when you have regular contractions, or labour pains, in your uterus.

Even though the reasons for PROM are not well understood, it can occur with a healthy pregnancy. About one in 10 people with healthy pregnancies experience PROM.



If PROM happens before you are 37 weeks pregnant, it is called **preterm prelabour rupture of membranes**, or **PPROM**. The information provided in this document only applies to PROM at or after 37 weeks. Contact your midwife if you think you might be experiencing PROM and you are less than 37 weeks pregnant.

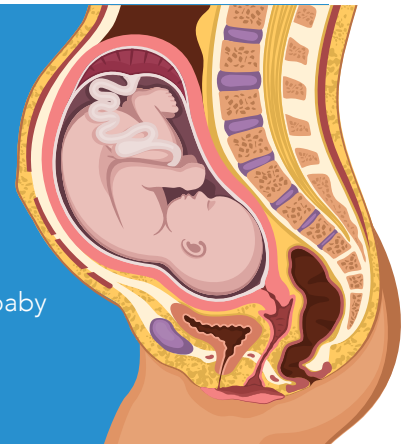
How will I know if my water has broken?

Many pregnant people wonder how they will know when their water breaks. For example, sometimes it can be hard to tell the difference between amniotic fluid, pee and regular discharge from your vagina.

What is the bag of water, or amniotic sac?

Your baby grows inside the amniotic sac.

- This is a membrane filled with a liquid called amniotic fluid.
- It acts like a cushion, protecting your baby from the outside world.
- It allows your baby to move around freely.



Some signs that your water may have broken include:

FEELING	APPEARANCE	SMELL
<p>You may:</p> <ul style="list-style-type: none">• Hear or feel a pop inside your uterus or vagina.• Have wet underwear.• Feel a big gush of fluid that you can't stop.• Feel a slow, steady trickle of fluid from your vagina.	<p>Amniotic fluid is usually clear or straw coloured. It may also:</p> <ul style="list-style-type: none">• Look green or yellow (this happens when the baby has its first bowel movement, called meconium, in the water).• Contain streaks of blood and mucous.• Have little white bits in it (this is vernix, a creamy white substance that covers and protects the baby's skin).	<p>Some people think amniotic fluid smells sweet or like bleach, or that it has no smell at all.</p> <p>Amniotic fluid does not smell like urine and should not smell bad. This could be a sign of infection.</p>

The AOM is committed, through our statement on Gender Inclusivity and Human Rights, to reflect and include trans, genderqueer and intersex communities in all aspects of our work. In this document, the term "vagina" refers to the birth canal. This is to increase understanding of important concepts related to PROM across all English literacy levels.

What should I do if I think my water has broken?

Your midwife will talk to you about when and how to contact them if you think your water has broken. They will explain when you may need to contact them right away, and when it may be okay to wait until morning to contact them if your water breaks in the middle of the night.



...if your water breaks and:

- You are less than 37 weeks pregnant, or
- Your midwife has told you that your baby's head is high, or
- You have a fever (38°C or higher), or
- The amniotic fluid is green or yellow, or
- The fluid has a strong smell or smells bad, or
- You have heavy bleeding, or
- Your baby is moving less than usual*.

*You can check your baby's movements anytime.

1. Lie or sit down.
2. Count all movements (kicks, flutters, rolls).
3. You should feel at least six movements in two hours or less.
4. If you do not feel six movements in two hours, call your midwife.

Helpful tips if you think your water has broken:

- Remember that PROM is common and, in most cases, is NOT an emergency.
- To help lower the small chance of infection:
 - » Do not put anything into your vagina (no fingers or tampons, no sex).
 - » Do not take baths until active labour (showers are okay).

Active labour means your contractions are:

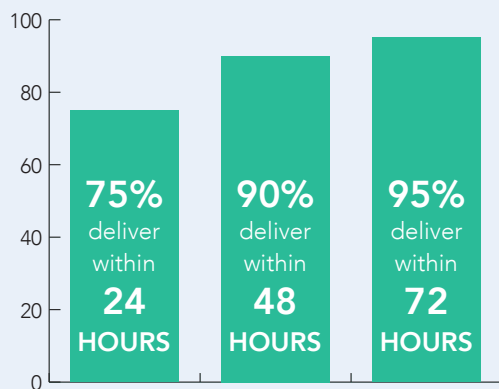
REGULAR AND STRONG

LESS THAN FIVE MINUTES APART

CHANGING YOUR CERVIX

- Put on a pad. If your water is broken, it will keep leaking. You will need to wear a pad to keep you dry.
- Take note of:
 - » The time your water broke, or when you think it broke if you aren't sure.
 - » How much water is leaking.
 - » The colour of the fluid.
- Eat and drink normally.
- Get some rest. You can continue with your usual activities, but remember that resting is important to help you get ready for labour. It's a good idea to lie down and take naps.

Ask your midwife what to do and when to contact them if your water has broken. Write down those specific instructions here:



What happens after we know my water has broken?

Once your water has broken, you will likely go into labour on your own within the next few hours or days. Many people experience an initial quiet period without contractions.

Most people (75%) have their baby within 24 hours after their water breaks.

Almost all people (95%) have their baby within 72 hours after their water breaks.

What about infection?

If you have PROM, the risk of infection for you and your baby is very low.

There are three types of infection that can happen with PROM:

Chorioamnionitis: an infection in the uterus

Endometritis: an infection in the uterus after the baby is born

Newborn infection: an infection in the baby's bloodstream

The chance of getting an infection due to PROM:

- Is lowest in the first 24 hours after your water breaks (75% of people will have their baby in this time even without a medical induction). Even if your baby is born after 24 hours of PROM, the chance that you or your baby will develop an infection is still very low.
- Increases slightly the longer your water is broken before you give birth.
- Is similar whether you wait for labour to start on its own or choose a medical induction if you have no internal exams until you are in active labour. An internal exam is when a health care provider puts their fingers in your vagina to check on how your cervix is opening. Internal exams can increase the chance of infection by putting bacteria into the vagina.

What options do I have after my water has broken?

Your midwife will discuss two options with you:

MEDICAL INDUCTION
(taking a drug that gets your labour started)

WAITING FOR LABOUR TO START ON ITS OWN
(this may include natural methods of starting your labour)

Although both of these are generally safe options, sometimes there are reasons your midwife may recommend a medical induction, such as:

- You have signs of infection. There is a small chance that you or your baby could develop an infection following PROM. Some signs of infection include:
 - » Fever
 - » Your baby's heart rate is high
 - » Your amniotic fluid smells bad
- Your baby passed meconium (its first bowel movement) into the amniotic fluid.
- You are group B streptococcus (GBS) positive.

Medical induction of labour

Waiting for labour

What is it?

Your labour is started with a drug: misoprostol and/or oxytocin.

Waiting for labour to begin on its own.

- This may include non-medical ways of starting labour:
 - » Castor oil.
 - » Nipple stimulation, often with a breast pump.
 - » Acupuncture.

How long will it take for labour to start?

Most people will go into labour within 24 hours from when the medical induction starts. Most people will give birth within six to 28 hours of going into labour.

Most people will go into labour within 24 hours of their water breaking.

Where will it take place?

Medical inductions must take place in the hospital.

Waiting for labour to start on its own usually happens at home.

What can I expect?

Some people need a drug called misoprostol to help get their cervix ready for labour. Misoprostol is a pill that you swallow.

When your cervix is ready for labour, you will be given a drug called oxytocin through an IV drip.

Oxytocin and misoprostol lead to strong contractions that may be stressful for babies. Their heart rate needs to be watched carefully. This is done with a machine called an **electronic fetal monitor (EFM)**.

It can be hard to move around with EFM because you are attached to a machine. This may make labour feel more painful. Some hospitals have wireless EFM, called telemetry, which allows you to move around more. You can ask if telemetry EFM is available at your hospital.

Hospital staff may or may not be part of your care during the induction. Some hospitals have policies that mean midwives need to transfer your care to a doctor for induction. If this happens, your midwife will continue to provide supportive care, comfort and information. Care will be transferred back to your midwife after the birth.

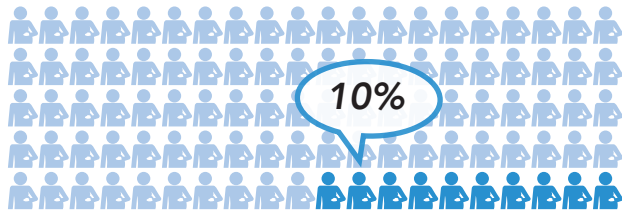
You will be able to rest at home while you wait.

Your midwife can discuss with you natural ways to start labour.

Your midwife will check in with you regularly to make sure that you and your baby are healthy.

Medical induction of labour

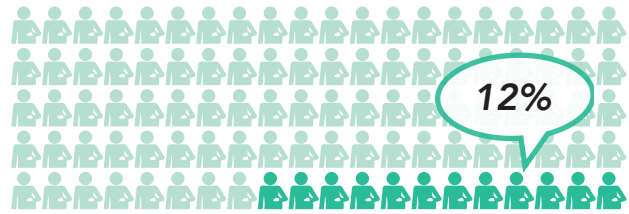
For every 100 birthing parents who were **INDUCED**



10 developed an infection

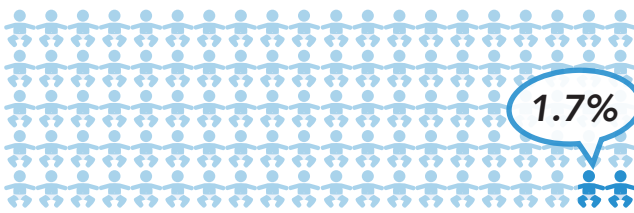
Waiting for labour

For every 100 birthing parents who **WAITED FOR LABOUR TO START**



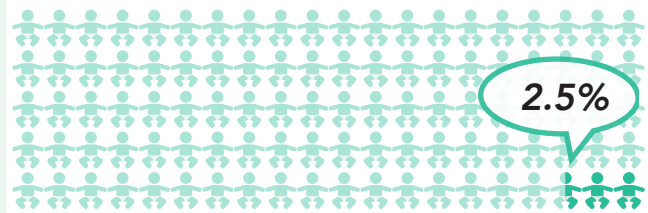
12 developed an infection

For every 100 pregnancies that were **INDUCED**



1.7 newborns developed an infection

For every 100 pregnancies that **WAITED FOR LABOUR TO START**



2.5 newborns developed an infection

*Infection rates are based on cases where no internal exams were done before active labour started.

Note that the difference in infection rates between medical induction of labour and waiting for labour to start on its own are "not statistically significant." This means that the differences could be due to chance.

What about pain management?

You may be more likely to ask for an epidural during a medical induction of labour. An epidural is a form of pain relief that involves using a needle to put a small tube into the space around your spinal cord. Pain medication is given through the tube to block pain in the lower half of your body.

You may be less likely to ask for an epidural if you wait for labour to start on its own.

What happens after I decide?

If you have decided to have a medical *induction of labour*:

Your midwife will let you know when to go to the hospital to get things started.

If you have decided to *wait for labour to start on its own*:

Your midwife will let you know when you should contact them, for instance:

- If you go into active labour.
- If you develop signs of infection.
- If you would like a change in plan.
- If you have questions or concerns.

How can I decide what's best for me?

There are many things to think about when you decide whether to have a medical induction or wait for labour to start on its own.

For example, you may want to think about these questions:

- How do you feel about the chances of infection?
- Where do you want to labour? Where do you want to have your baby?
- How comfortable are you with having birth interventions?
 - » How do you feel about pain medications and an epidural? Do you want them? Or do you hope to avoid them?
 - » How do you feel about having an IV drip?
 - » How do you feel about the idea of EFM?

Remember:

- Even though there is a small increase in the chance of infection the longer your water is broken, it is most likely that you and your baby will NOT get an infection at all. Most people who choose to wait for labour to start on its own will have their baby within 24 hours of PROM, when the chances of infection are lowest.
- If you choose a medical induction of labour, it may involve more birth interventions (drugs, IV, EFM, epidural) than if you waited for labour to start on its own.
- The best ways to lower the chance of infection after PROM are to avoid putting anything in your vagina and to avoid internal exams until you are in active labour.

Talk to your midwife if you are interested in non-medical ways to start labour, such as castor oil, nipple stimulation (often through a breast pump), acupuncture and other methods. No matter what you choose, your midwife will support you in your decision.

**Do you have other questions for your midwife?
Write them down here:**
