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Information for you

When your waters break early

Royal College of Obstetricians and Gynaecologists
Bringing to life the best in women's health care

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About this information

Your unborn baby is surrounded by fluid or 'waters' contained within a membrane bag. Breaking of the waters is also known as rupture of the membranes. Normally your waters break shortly before or during labour. If your waters break before labour at less than 37 weeks of pregnancy, this is known as preterm prelabour rupture of membranes (PPROM). Two out of every 100 pregnant women (2%) experience this.

This information is for you if you think or have been told that your waters have broken early (before 37 weeks).

It tells you about:

- how the diagnosis is made
- what this diagnosis may mean for you and your baby
- what extra antenatal care you can expect
- what treatments there are.

How will I know if my waters have broken?

You may notice a 'gush' of fluid or you may feel damp. The fluid (known as amniotic fluid) is a clear or pinkish colour. Sometimes the fluid may be a green-brown colour or slightly blood-stained. The amount of fluid you lose may vary from a trickle to a gush.

What should I do?

If you think that you are leaking fluid from the vagina, wear a pad (not a tampon) and note the colour and amount of the fluid. Leaking urine is common while you're pregnant and therefore it is important to check that the fluid isn't urine. Leaking amniotic fluid does not smell like urine. If you think the fluid is amniotic fluid, you should contact your local maternity unit.

What happens at the hospital?

You will have a check-up which should include:

- a discussion with your doctor or midwife about whether you have experienced this in a previous pregnancy (if it has happened before, it is more likely to happen again)
- a check of your general health, including an examination and a check of your temperature, pulse and blood pressure
- a check of your baby's heartbeat.

How is PPROM diagnosed?

- PPROM is best diagnosed by a vaginal inspection. With your permission, your doctor or midwife will use a speculum (an instrument used to separate the walls of the vagina) to look at your cervix (entrance to the womb) and see if the leaking fluid is amniotic fluid. Your doctor will also be able to see if the cervix is changing in preparation for labour. A swab will usually be taken at the time of the vaginal inspection to check for infection.
- An ultrasound scan to estimate the amount of fluid around your baby is sometimes helpful.
- A swab test of the fluid may help to decide if your waters have broken.

What happens next?

If your waters have not broken, you should be able to go home.

If only a very small amount of amniotic fluid leaks at first, 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.

If it is not clear whether your waters have broken, you may be advised to wear a pad and stay in hospital for a few hours. If your waters have broken, your pad will be wet.

If your waters have broken, you will be advised to come into hospital for at least 48 hours. You and your unborn baby will be closely monitored for signs of infection. This will include having your temperature and pulse taken regularly, and your baby's heart rate will also be monitored.

What could PPROM mean for me and for my baby?

Premature birth

Most women will go into labour themselves within the first week after their waters break.

Infection

The membranes form a protective barrier around the baby and, after these have broken, there is a risk of infection getting into the womb. This can trigger a premature birth.

The symptoms of infection include a raised temperature, an unusual vaginal discharge with an unpleasant smell, a fast pulse rate and/or pain in your lower abdomen. Your baby's heart rate may also be faster than normal.

If you have an infection, your baby may need to be born soon to prevent a more serious infection.

Problems of prematurity

Premature babies (born before 37 weeks) can have an increased risk of health problems, particularly with breathing, feeding and infection. The earlier your baby is born, the more likely that this is the case.

If your waters have broken early and you give birth before 23–24 weeks of pregnancy, 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 in your individual situation will be discussed with you.

Are there any treatments for PPROM?

It is not possible to replace the fluid or repair the hole in the membranes of the amniotic sac. The baby's kidneys will continue to produce amniotic fluid even if the waters are broken. You may leak fluid for the rest of the pregnancy.

However, treatment may be offered to reduce the risk of infection and to help reduce the risk of prematurity. This may include:

- A course of antibiotics to reduce both the risk of an infection getting into the uterus (womb) and the risk of the baby being born too early. Antibiotics also reduce the risks of infection in the baby.
- A course of two steroid injections (corticosteroids) to help with your baby's development and reduce the chance of problems caused by being born early. See the RCOG Patient Information: Corticosteroids in pregnancy to reduce complications from being born premature (**www.rcog.org.uk/womens-health/clinical-guidance/corticosteroids**).
- Medication to stop contractions if you need to be transferred to a hospital where there is a neonatal intensive care unit.

Do I need to stay in hospital?

You will usually be advised to stay in hospital for 48 hours after your waters break to watch for signs of infection. Your doctor may discuss your option of going home after that.

If you do go home, your doctor will discuss with you the signs of infection to look for. It is very important that you:

- Check that your temperature is normal every 4–8 hours (a normal temperature is 37 °C or less).
- Check the colour of the fluid does not change (see below). You should wear a pad rather than a tampon.
- Avoid vaginal intercourse.

When should I seek help if I go home?

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

- raised temperature (more than 37°C)
- flu-like symptoms (feeling hot and shivery)
- vaginal bleeding
- if the leaking fluid becomes greenish or smelly
- contractions
- abdominal pain
- if you are worried that the baby is not moving as normal.

What follow-up should I have?

You will be asked to return to the hospital for regular check-ups. During these check-ups, your baby's heart rate will be monitored. You may also have an ultrasound scan to look at the amount of amniotic fluid around the baby and the blood flow to the baby.

You should have follow-up appointment(s) with your consultant obstetrician, who will check that there are no problems with your pregnancy and discuss with you a plan for having your baby.

When is the right time to give birth?

Once your waters have broken, carrying on with the pregnancy reduces the risk of your baby having problems by being born prematurely but increases the risk of an infection getting into the uterus. Your obstetrician should discuss with you the benefits and risks of both early delivery and continuing with the pregnancy in your situation, but delivery will usually be between 34 and 37 weeks.

How will this affect a future pregnancy?

Having had your baby early means that you are at an increased risk of having a premature birth in a future pregnancy compared with women who have never had a premature baby. However, you are still more likely to have a baby born at more than 37 weeks next time.

You will be advised to be under the care of a consultant obstetrician in your next pregnancy, who will discuss with you a plan for your pregnancy. This will depend on your individual situation and whether a cause for your early delivery, such as infection, was found.

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline ***Preterm Prelabour Rupture of Membranes*** (October 2010). The guideline contains a full list of the sources of evidence we have used. You can find it online at: **www.rcog.org.uk/womens-health/clinical-guidance/preterm-prelabour-rupture-membranes-green-top-44.**

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of clinical data presented by the patient and the diagnostic and treatment options available.

This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

The previous version of this leaflet was reviewed before publication by women attending clinics in London, Burgess Hill and Dublin.

A glossary of all medical terms is available on the RCOG website at:
www.rcog.org.uk/womens-health/patient-information/medical-terms-explained

A final note
The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This information is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.