

This information answers some commonly asked questions about term pre-labour rupture of membranes (Term PROM) for women who are more than 37 weeks pregnant.

Please talk with your midwife or doctor about your situation and what matters to you. We encourage you to ask questions and take time to consider your options.

Would you like more information?

Please call one of the numbers below if you have any questions or concerns.

**The Tweed Hospital
Women's Care Unit**
07 5506 7490

**Lismore Base Hospital
Birth Suite**
02 6620 7450

**Grafton Base Hospital
Women's Care Unit**
02 6640 2222

Midwifery Group Practice
Call your Midwife on the number given to you.

Shared Decision Making *It is always okay to ask questions*

BRAND is a handy memory prompt for questions you might like to ask us.

B stands for BENEFITS - What are the benefits of each option in my situation?

R stands for RISKS - What are the risks of each option in my situation?

A stands for ALTERNATIVES - What alternatives might I have to what is being offered? (There are always alternatives!)

N stands for NOTHING - What if I do nothing? Doing nothing, or 'wait and see' is always an option. N can also stand for NOW? - Do I need to make this decision now? Taking time to consider your options, even if only for a few minutes, might be valuable to you.

D stands for DECISION - What is my decision?

If you have any questions or suggestions regarding this brochure, please provide this feedback to your healthcare provider.

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Term Pre-labour Rupture of Membranes (Term PROM)

Information about your care options



Health
Northern NSW
Local Health District

What is Term PROM?

While you are pregnant, your baby is inside a thin membrane sac (amniotic sac) filled with fluid (amniotic fluid). When the membrane breaks and the fluid leaks out, it is called rupture of membranes (waters breaking). If you are not in labour and you are more than 37 weeks pregnant when this happens, it is called term pre-labour rupture of membranes or Term PROM. Term PROM happens to about 8 in every 100 women.

How will I know if my membranes have broken?

Sometimes it is not clear that your membranes have ruptured. You may feel dampness, leaking or gushing of fluid from your vagina. It might be a lot or not very much. Your underwear will be damp or wet. Usually, amniotic fluid smells a bit sweet and is clear or pink or sometimes a green or brown colour. Urine is yellow or straw coloured.

What should I do?

If you think that your membranes have ruptured, call us as soon as you can. We will usually ask you to come into the hospital for a check-up. We will listen to your baby's heart beat and we may ask your permission to do a vaginal examination with a speculum to help confirm that your membranes have ruptured.



What happens after Term PROM?

If your waters break without contractions starting, there are two options: the first is to induce (start) your labour so that your baby is born as soon as possible (**active management**); or secondly, to wait for labour to start on its own naturally (**expectant management**).

If you were planning to have an elective caesarean section, you may have it sooner.

Is it better for my baby to be induced or to wait for labour to start naturally?

Evidence shows that induction of labour:

- Reduces the chance of infection for both you and your baby;
 - Reduces the chance your baby will be admitted to a special care nursery;
 - Means you and your baby will likely have a shorter stay in hospital;
 - Is a positive experience.
 - You may still be able to use the bath for labour and birth.
- Please talk to us if this is important to you.

We encourage you to talk to us and ask questions about both options. What is right for one woman may not be right for another.

Choosing Active Management

If you decide to induce labour, you will be admitted to hospital. Inducing labour encourages contractions to start by giving you medication, through a vein using a drip.

During your labour we recommend listening to your baby's heart beat all the time. We do this using a special machine that you will need to have strapped around your abdomen.

Choosing Expectant Management

If your check-up shows that everything is okay, it is safe to wait and see if you go into labour. If you decide to wait for labour to start on its own, you can usually go home. We ask that you come back to the hospital for regular check-ups, we also ask you to watch for signs of infection. We will give you information about when to call us. Most women with Term PROM will go into labour within 24-48 hours. If your labour does not start by 24 hours, we will talk with you about your situation.

Once you are in labour it is more likely we will recommend listening to your baby's heart beat all the time and you may have a drip for medications. We will talk with you about these things.

There are times when expectant management is not recommended. This includes when your waters are not clear or when we are concerned about you or your baby's wellbeing.

Will I need antibiotics?

When your membranes rupture, you don't need antibiotics 'just in case'. We recommend antibiotics if:

- your GBS screen was positive;
- you get signs of infection before or during labour;
- you did not have a GBS screen and your membranes have been broken for 18 hours or more and you are in labour.

Antibiotics help to prevent your baby from getting a serious infection called Early onset Group B Streptococcus (EGBS) disease (you might like to read the NSW Health parent information [Pregnancy screening for GBS](#)).