My waters have broken and I am not having contractions

This is an information leaflet to help you make choices about how your labour is managed if you are more than 37 weeks pregnant and do not have contractions after your waters break.

Please return to: ..............................................................on
Date: ..............................................................................
Time: .............................................................................

Patient information leaflet
If you require an alternative format of this leaflet please call your Community Midwife

Safe & compassionate care, every time
Does it matter if my waters break before labour starts?

Sometimes a woman’s waters break before labour starts. This happens in about 1 in 20 (5%) pregnancies and is known as Pre-labour Rupture of the Membranes (PROM).

When this happens the length of time between the waters breaking and the contractions starting varies. Although we cannot predict on an individual basis how long it may be, we do know that about 6 in 10 (60%) women will start labour naturally within 24 hours.

The information in this leaflet and advice from your midwife or obstetrician will help you make an informed choice about how your labour is managed if you do not have contractions after your waters break.

Does it matter if I do not start having contractions as soon as my waters have broken?

It is unlikely that the delay will affect your labour or the health of you and your unborn baby, particularly if your contractions start within 24 hours of your waters breaking.

However, there can be an increased risk of infection to you and your baby if contractions haven’t started within 24 hours of your waters breaking.

How is the risk of infection reduced?

If labour starts more than 24 hours after your waters break, it is recommended that you are given intravenous antibiotics in labour (into a vein). These antibiotics are given to prevent an infection that can affect babies called Group B Streptococcus (GBS).

If you are a known carrier of Group B Streptococcus the risk of infection is increased, therefore we strongly recommend that labour is induced straight away and intravenous antibiotics are given in labour.
What do I need to do when my waters break (PROM)?

- Please ring the labour ward or birth centre where you are planning to have your baby. If you are planning a home birth please ring the birth centre or labour ward as you were advised by your Community Midwife at your home birth booking.
- A midwife will carry out a routine check of you and your baby, which may include an internal examination and a vaginal swab.
- If your pregnancy history and the routine check are normal we usually recommend that you return home to await the start of natural labour.

What will happen when my waters break?

- You will be asked to come in to either the birth centre or labour ward for assessment.
- A midwife will carry out a routine check of you and your baby, which may include a speculum examination and a vaginal swab (similar to a smear test). This is performed to confirm the membranes have ruptured and test for infection.
- If your pregnancy history and the routine check are normal we usually recommend that you return home to await the start of natural labour.

What are the Maternity Unit recommendations?

Unless you have any known pre-existing medical or infection risks, our recommendation is that you should wait for contractions for up to 24 hours in order to maximise your opportunity for natural labour to occur. After 24 hours we recommend that labour is induced and you are given intravenous antibiotics to safeguard your baby against possible infection. We do not advise waiting longer than 48 hours before inducing labour.

What should I do after returning home with PROM?

- Shower or bath as you would normally.
- Avoid sexual intercourse due to the risk of infection.
- Eat and drink normally.
Induced labour involves the use of either a prostaglandin vaginal tablet and/or an intravenous hormone drip. You will need continuous fetal monitoring in labour. Induced labour may be associated with increased need for pain relief (National Institute for Health and Care Excellence).

Natural labour is associated with less need for pain relief and less medical intervention.

If labour does not start spontaneously within 24 hours after PROM, induction of labour is recommended.

Immediate induction of labour after PROM

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefits</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Immediate induction of labour after PROM</td>
<td>Immediate induction of labour and birth within 18 hours reduces the risk of infection to you and your baby. Antibiotics in labour are not given.</td>
<td>Induced labour involves the use of either a prostaglandin vaginal tablet and/or an intravenous hormone drip. You will need continuous fetal monitoring in labour. Induced labour may be associated with increased need for pain relief (National Institute for Health and Care Excellence).</td>
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<tr>
<td>Waiting for up to 24 hours</td>
<td>By waiting up to 24 hours after PROM, natural labour is more likely to start. 6 in 10 (60%) women will start labour within 24 hours.</td>
<td>Natural labour is associated with less need for pain relief and less medical intervention. If labour does not start spontaneously within 24 hours after PROM, induction of labour is recommended.</td>
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<tr>
<td>Waiting for longer than 24 hours</td>
<td>If you wait more than 24 hours, you may still be able to have your baby with a minimum of medical intervention.</td>
<td>If you have PROM for more than 24 hours there is an increased risk of infection to you and your baby. Infection risk for your baby increases from 1 in 100 (1%) to between 2 to 9 in 100 (2-9%). Infection risk to you increases from 4 in 100 (4%) to 7 in 100 (7%). We strongly recommend continuous fetal monitoring and intravenous antibiotics in labour. If your waters have broken for more than 24 hours before birth. If you have not had antibiotics in labour two hours before you give birth, we would advise that your baby receives intravenous antibiotics. This might prolong your stay in hospital.</td>
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Please ring the labour ward or birth centre immediately if you experience any of the following:

- Your waters become brown or green or the odour changes. (Please wear a sanitary pad and check the waters hourly).
- You feel unwell, feverish or have flu-like symptoms.
- Your baby is not moving as normal.
- You have any other concerns at all.

Will the Maternity Unit need to contact me?
If the swab taken during the routine check shows that you are carrying an infection such as Group B Streptococcus then you will be contacted by telephone and advised to return to the hospital.

What should I do if I don’t start labour naturally within 24 hours?
Return to the Maternity Unit at the agreed time written on the front of this leaflet.

If you choose to wait longer than 24 hours, please discuss with the midwife and doctor the further precautions you should take at home, and when you should return to the hospital. You will need to be checked in hospital every 24 hours.
This leaflet explains some of the most common side-effects that some people may experience. However, it is not an exhaustive list. If you experience other side-effects and want to ask anything else related to your treatment please contact your community midwife or Stoke Mandeville Hospital Labour Ward: 01296 316103/4 or Wycombe Hospital Birth Centre: 01494 425513.
We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact the

Head of Midwifery
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Mandeville Road
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HP21 8AL
How can I help reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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