

When your waters break early (Pre-term Pre-labour Rupture of Membranes)(PPROM)

What is pre-term pre-labour rupture of membranes?

Pre-labour rupture of membranes (PROM) is when your waters break before the onset of labour. This mostly happens near to the date that your baby is due. If your waters break before labour and before 37 weeks, it is known as pre-term pre-labour rupture of membranes (PPROM)

What happens if I have PPRM?

- After initial assessment and treatment as an inpatient your Consultant will consider and discuss with you whether to continue to monitor your pregnancy via the Day Assessment Unit (DAU) or if plans should be made to give birth sooner.
- You may be recommended a two-dose course of steroid injections to help mature your baby's lungs if it is premature. You may be offered a 10-day course of antibiotics to reduce the risk of infection.

What care would I receive in the DAU?

You will usually be asked to attend the DAU twice weekly for assessment and monitoring. This may include:

- Taking your temperature, pulse and blood pressure
- Testing your urine
- Monitoring your baby's heartbeat (CTG monitoring)
- Observing for any fluid loss
- Taking blood tests to help determine if there is any infection
- Taking a low vaginal swab (weekly) to exclude infection
- Ultrasound scans will also be offered at agreed intervals

If the midwife detects any abnormal findings she will seek advice from the Consultant team. Allow 1-3 hours for your appointment.

Further management

Your Consultant will discuss the appropriate timing of your baby's birth with you. Depending on your situation, your choices may include:

- Continued monitoring in the DAU until labour starts spontaneously.
- Induction of labour by 37 weeks of pregnancy.

What should I do at home?

It is very important that you should watch for:

- Any bleeding from your vagina
- Any abdominal pain
- Any change in the colour of your waters
- Any offensive smell of the waters
- Any fever above 37°C (you will have been asked to take your temperature twice a day)

- Your baby is not moving as normal
- Feeling unwell, vomiting, flu-like symptoms
- Contractions

If you experience any of the above symptoms you should contact the DAU during opening hours or the Labour Ward outside opening hours, regardless of when you were last seen by your midwife or doctor.

- Eat and drink normally
- You may shower and bathe as you would normally
- Avoid sexual intercourse due to the risk of infection

Remember, if you are worried or have any concerns about your well-being or that of your baby please speak to us about them and seek medical advice.

Further Information

www.rcog.org.uk – Information for patients “When your waters break early”

Useful Contact Numbers

Stoke Mandeville Hospital Day Assessment Unit

Claydon Wing Annex (Entrance 2) Tel: **01296 316106**

Opening Hours: 08.00-18.00 Monday-Friday 09.00-17.00 Weekends & Bank Holidays
Stoke Mandeville Hospital Labour Ward: Tel: **01296 316103/4**

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Maternity Guidelines Group: Jun 2011. V2 Nov 2012. V3 Sep 2016 Chair's action. V4 Feb 2019, V5 no changes

Divisional Board: July 2011. V2 Dec 2012. O&G SDU: V3 Sep 2016. V4 Jun 2019

Clinical Guidelines Subgroup: Not required

MSLC: August 2011 (Chair's action). V2 Mar 2013. V3 Nov 2016

Equality Impact Assessment: V1 Sep 2011. V3 May 2017

Patient Experience Group: V1 Oct 2011. V3 May 2017