

Preterm prelabour rupture of membranes (PPROM)

This information sheet aims to answer some commonly asked questions about ruptured membranes at term gestation. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your baby's care are always up to you.

IMPORTANT: This is general information only. Ask your doctor, midwife or nurse about your own situation.

What is PROM?

While you are pregnant, your baby grows in your uterus inside a sac (amniotic sac or membrane) that is filled with fluid (amniotic fluid).

When your waters break, it is this fluid that leaks out. This is known as rupture of membranes. It usually happens in labour but may occur before labour starts.

If you are not in labour and you are more than 37 weeks pregnant when this happens, it is called term prelabour rupture of membranes or PROM for short.

How common is PPRM?

PPROM happens in about 3 out of every 100 pregnancies. No one is sure why PPRM happens. However, up to half of women with PPRM will have an infection at the time their waters break

How do you know your membranes have ruptured?

You may notice fluid leaking or a large gush from your vagina. It may be a lot of fluid or not very much. Your underwear may be damp or wet and you may need to change them and/or wear a pad.

Usually, amniotic fluid smells a bit sweet and is clear or pink. Sometimes, it can be a green or brown colour. It is different to urine which usually has a stronger smell and is a more yellow colour.

There are tests your healthcare provider can do to find out if your membranes have ruptured.

What can you do if your membranes rupture?

If you think your membranes might have ruptured, contact your healthcare provider straight away. They will advise you what to do. You will be asked to go to hospital to check that you and your baby are ok.

Your baby's heartbeat will be listened to, and you will be assessed for signs of labour and infection. A vaginal examination with a speculum is usually recommended to confirm your membranes have ruptured. Your healthcare provider will discuss this with you.

If your membranes have ruptured, admission to hospital is usually recommended.

What about infection?

Before birth, the membrane sac helps protect your baby from infection. Once the membrane sac is broken, there is a greater risk of you or your baby getting an infection.

Your healthcare provider will regularly check you and your baby for any signs of infection.

Will you need antibiotics?

Yes. Antibiotics are recommended if your membranes are ruptured, and you are less than 37 weeks pregnant.

Is there treatment for PPRM?

Ruptured membranes cannot be repaired. Checking for infection and monitoring you and your baby's health and wellbeing will help work out when is the best time to give birth to your baby.

If you are less than 35 weeks pregnant, you may be offered a medication that can help your baby's lungs mature before birth. Your healthcare provider will discuss this option with you.

You may like to read the Queensland Clinical Guidelines parent information about [preterm birth and antenatal corticosteroids](#).



QR code for antenatal steroids information



What happens after PROM?

It depends on your own situation. You might go into labour and have your baby early (premature), or you might not. About half of women with PPROM will go into labour within one week.

If your healthcare provider is concerned about you or your baby, they may recommend that you are induced.

The right time for your baby to be born depends on a few things such as how many weeks pregnant you are, whether you are in labour and if you and your baby are well or not.

If you are less than 34 weeks pregnant and you and your baby are well, waiting is usually the best option.

Between 34 and 37 weeks the best option depends on your individual circumstances. Your healthcare provider will talk with you about your situation.

What is a cord prolapse?

There is risk of a cord prolapse when PPROM occurs. A cord prolapse is when the umbilical cord falls through your cervix in front of your baby. It can be a life-threatening emergency for your baby. Babies can die when this happens.

If you see or feel anything in your vagina after your membranes break, call for help immediately. If you are at home, call an ambulance (phone: 000).

Kneel down on your forearms and knees with your chest towards the ground and your bottom up in the air (like the picture below). This can help prevent the cord from being squashed. Do not touch the cord or try to put it back into your vagina.

Fortunately, cord prolapse is not very common. It happens to between 1 and 6 of every 1000 babies born. It is more common if your baby is small or preterm or is coming bottom first (breech position).

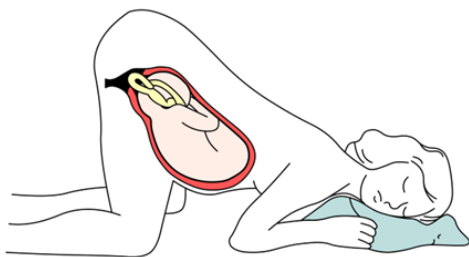


Image: Knee chest position if cord prolapse

Will you have to stay in hospital?

You will usually need to go into hospital for at least a few days. You may need to be transferred to a bigger hospital so that you and your baby can get the care you need.

Sometimes you may be able to go home or stay in accommodation close to the hospital. Your healthcare provider will discuss these options with you based on your individual situation.

You will have regular observations and tests while you are in hospital.

Observations

- taking your temperature and pulse
- listening to your baby's heart rate or having a cardiotocograph (a tracing of your baby's heart rate)
- asking about your baby's movements
- checking your vaginal loss for changes in colour, smell or amount

Tests

- urine tests
- blood tests
- vaginal swabs
- an ultrasound to check the health and position of your baby

What can you do?

Tell your healthcare provider if at any time you:

- feel hot or unwell, or have a fever
- have pain in your abdomen
- notice any changes in your vaginal loss (e.g. in colour, smell or amount)
- notice any changes to your baby's movements (such as moving more or less often)
- are worried about anything or just don't 'feel right'

You should also:

- shower at least once every day
- change your pad every four hours (or more frequently)
- wipe front to back when you go to the toilet
- attend all your appointments (if you have gone home)

You should **not**:

- have baths or go in a swimming pool (showering is safe)
- have sex
- use tampons or vaginal creams or medications

Support & information

Queensland Clinical Guidelines Parent information www.health.qld.gov.au/qcg

13HEALTH (13 432584) telephone service providing health information, referral and services to the public.

www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline (1800 882 436) offers free, confidential, professional information and counselling about conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Preterm Infant's Parent Association (PIPA) (1300 773 672) www.pipa.org.au

Women's Health Queensland Wide (1800 017 676) offers health promotion, information and education service for women and health professionals throughout Queensland. <http://www.womhealth.org.au>