

# Preterm prelabour rupture of membranes (PPROM)

This information sheet aims to answer some commonly asked questions about preterm prelabour rupture of membranes.

**IMPORTANT:** This is general information only. Ask your doctor or midwife about what care is right for you.

## What is PPRM?

While you are pregnant, your baby lies in a thin membrane sac (amniotic sac) filled with fluid (amniotic fluid). When the membrane breaks and the fluid leaks out, this is known as rupture of membranes (or when your 'waters break'). If you are not in labour and you are less than 37 weeks pregnant when this happens, it is called preterm prelabour rupture of membranes, or PPRM for short.

## How common is PPRM?

PPROM happens in about 3 out of every 100 pregnant women. About half of women with PPRM will go into labour within one week. 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 if your membranes have ruptured?

Often, you will feel an unusual dampness, a leaking or gushing of fluid from the vagina. It may be a lot of fluid 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 smells more like ammonia and is straw coloured. There are tests your health care provider can do on the fluid to tell if it is amniotic fluid or not.

## What should you do?

If you think your membranes might have ruptured, contact your midwife or doctor straight away. They will advise you what to do. You will be asked to go to hospital for a check-up. Your baby's heart beat will be listened to and you will be assessed. A vaginal examination with a speculum is usually recommended. If your membranes are ruptured you will usually be admitted to hospital.

## What about infection?

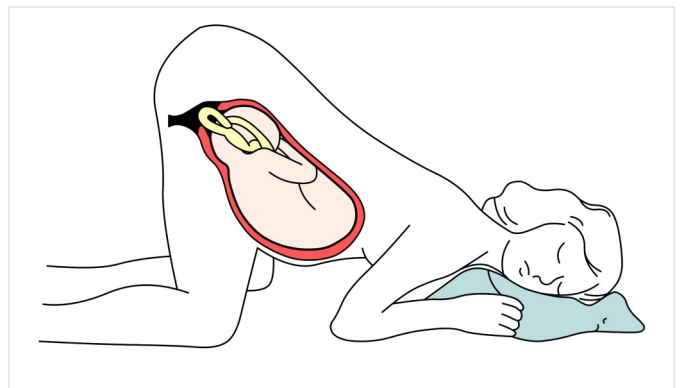
Before birth, the membrane sac helps protect your baby from infection. Once the membrane sac is broken, there is a greater risk of you or your baby getting an infection. Your midwife and doctor will regularly check you both for any signs of infection.

## Will you need antibiotics?

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

## What is a cord prolapse?

A cord prolapse is when the umbilical cord falls through your cervix in front of your baby. It is a very serious emergency. 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.** Kneel down on your elbows and knees with your bottom up in the air. This can help prevent the cord from being squashed. Don't 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).



*Knee and elbow position if cord prolapse*

## What happens after PPRM?

It depends on your own situation. Sometimes you will go into labour naturally and your baby will be born early (premature). Sometimes it is safer to give birth than to stay pregnant. 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 midwife or doctor will talk with you about your situation.



## Is there treatment for PPRM?

Ruptured membranes cannot be repaired. Checking for infection and monitoring your baby's wellbeing are the best ways to work out when is the best time to give birth to your baby. If you are less than 35 weeks pregnant, steroids (given to you as an injection) will help mature baby's lungs before birth. You may like to read the Queensland Clinical Guideline parent information about preterm birth.

## Will you have to stay in hospital?

You will usually need to go into hospital at least for a few days. You may 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. 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 CTG
- asking about your baby's movements
- checking your vaginal loss for changes in colour or smell

### Tests:

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

## What can you do to help yourself?

Tell your health care provider if at any time you:

- feel hot or unwell
- 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

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
- avoid having baths or swimming (showering is safe)
- not have sex
- not use tampons or vaginal creams or medications
- attend all your appointments

## Support & Information

**13HEALTH** (13 432584) offers health information and referral services to the public via telephone

**Pregnancy, Birth & Baby Helpline** (1800 882 436—free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. [www.health.gov.au/pregnancyhelpline](http://www.health.gov.au/pregnancyhelpline)

**Lifeline** (13 11 14) Lifeline offers a telephone crisis support service to anyone. [www.lifeline.org.au](http://www.lifeline.org.au)

**Preterm Infants' Parents' Association (PIPA)** (1300 773 672) provides a support network for families dealing with the premature birth of their baby [www.pipa.org.au](http://www.pipa.org.au)

**Miracle Babies** (1300 622 243) provide a resource and support for parents and families of premature babies [www.miraclebabies.org.au](http://www.miraclebabies.org.au)

**Queensland Clinical Guidelines:** Parent information Preterm birth. [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)