After your ‘waters break’

Choosing between a planned early birth, or waiting when your waters break but labour does not start (37 weeks or more)
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Introduction

During pregnancy your baby is growing safely within a bag of fluid called liquor. You are more likely to hear this referred to as your “waters”. The bag is made up of two membranes. These membranes help protect your baby from infection. A possible route of infection develops when these membranes ‘break’ and the liquor starts leaking out. After this happens, there is a small risk (1 in 100) of your baby getting a serious bacterial infection.

Labour usually starts with contractions, but sometimes the membranes surrounding the baby break before the contractions start. If this happens, most women will start to labour within 24 hours (about 60-80 women in every 100).

If your waters break before your contractions or labour starts, your choices are to:

1. have labour induced as soon we can arrange it (planned early birth)
2. wait 24 hours to see if labour starts naturally before being induced
3. wait and let labour start naturally – whenever that may be.

In this hospital we recommend either the first or second option. The longer the time period between your waters breaking and giving birth, the greater the chance that an infection can develop and affect your baby.

If your waters break before your labour starts, you are just as likely to have a normal birth, whichever choice you make.
Planned early birth

If you decide to choose a planned early birth, then we would usually arrange to induce your labour as soon as a midwife is available to look after you. Induction means that we use medication (in the form of hormones) to bring on your labour.

We will monitor your baby’s heartbeat using a cardiotocograph (CTG) monitor. This is attached to your abdomen with two elasticated bands. If your baby’s heartbeat is normal we will give you a prostaglandin gel in your vagina to induce your labour. This is a hormone gel that softens and prepares your cervix for labour.

We would then monitor your baby’s heart rate on the CTG for a further half an hour. After this time it is usually possible to remove the monitor.

Your midwife/obstetrician can give you our leaflet on induction of labour, which will explain this in more detail for you.

If you go into labour following the prostaglandin gel and your pregnancy is otherwise normal, you would be able to have your baby without CTG monitoring in labour. You would also be able to give birth in the Midwifery Led Unit at the John Radcliffe Hospital, called The Spires, if this is where you have chosen to have your baby.
Reasons to choose a planned early birth

• Starting labour off as soon as possible will reduce the likelihood of infection in your womb, either before or after the birth of your baby. Infection in the womb before birth can also affect your baby.

• It will reduce the likelihood of your baby needing to stay in hospital to be given intravenous antibiotics (into a vein) after it is born.

• Fewer babies go to the Special Care Baby Unit compared with those whose mothers choose to wait for 24 hours or more. For every 20 mothers who decide to be induced, one less baby needs to stay in the Special Care Baby Unit.

• If your waters are broken for more than 18 hours before the birth of your baby, we would advise that you stay in hospital after your baby is born. This is so we can observe them for 12 hours to make sure they show no sign of infection.

• Overall, women who have a planned early birth are more satisfied with their experience in hospital than those who decide to wait for 24 hours or longer.
Waiting for 24 hours before starting labour

If you decide to wait for 24 hours to see if labour starts naturally, we would usually suggest that you go home in the meantime.

You will need to check your temperature every 4 hours (while you are awake). Come back to the hospital if your temperature is above 37.0°C, or if the liquor is any colour other than clear or starts to smell different.

If you do not go into labour within 24 hours, we would usually recommend that you come back into hospital where we will start off your labour with a hormone drip. We will also recommend that you have antibiotics to reduce the risk of infection in your baby. These are given through a drip into a vein in your arm or hand.

If you need a hormone drip to start your labour, your baby will be monitored continually with a CTG throughout your labour.
Reasons to wait

• You may prefer to have as little medical treatment as possible.
• You can stay at home whilst labour starts.

About 60-80 women in every 100 will start labour within 24 hours of their waters breaking. When this happens you should contact your midwife, the Delivery Suite (at the Horton General Hospital) or the Maternity Assessment Unit (John Radcliffe Hospital).

Waiting longer than 24 hours

We do not recommend waiting longer than 24 hours but, if this is what you decide you would like to do, we will arrange extra outpatient check-ups for you and your baby. You will need to continue to take your temperature every four hours and to follow the ‘checks to carry out at home’ instructions.
Checks to carry out at home

Signs that you may be developing an infection are a rise in your temperature above 37.0°C or if you feel hot and feverish or cold and shivery. Please contact us immediately if you develop any of these symptoms.

It is fine to take a bath or a shower, but please avoid sexual intercourse as this may increase the risk of infection.

Please record your temperature and the colour of your waters every 4 hours (while awake) in the chart below:

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<th>Time</th>
<th>Temperature</th>
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We will arrange a time for you to return to hospital if your labour does not start within 24 hours. This will either be for your induction of labour or a check-up.

You should return to the:

☐ Delivery Suite (Horton General Hospital)
☐ Delivery Suite (John Radcliffe Hospital)
☐ Day Assessment Unit (John Radcliffe Hospital)
☐ Day Assessment Unit (Horton General Hospital)

On ........................................ at ........................................
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk