

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)

Introduction

During pregnancy your baby is growing safely within a bag of amniotic fluid (sometimes called liquor). You are 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 fluid starts leaking out. After this happens, there is a slightly increased risk (up to 1 in 100) of your baby getting a serious bacterial infection compared with only 1 in 200 when the membranes are intact. Most babies will recover completely following treatment of the infection but very rarely babies can die (approximately 1 in a 1500).

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 6 in 10 women).

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

1. wait 36-72 hours to see if labour starts naturally before being induced
2. wait and let labour start naturally – whenever that may be.

If your membranes break after 37 weeks of pregnancy before your labour starts, we recommend either the first 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.

You are just as likely to have a normal birth, whichever choice you make.

Planned early birth within 24 hours

If you are known to carry Group B Streptococcus infection, the liquor around your baby is green or the obstetrician feels there is additional risk to you or the baby, then we would 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 2 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 may be 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.

Waiting for 36-72 hours before starting labour

After we have assessed you and the baby, we recommend that you go home.

You will need to check your temperature every 4 hours (while you are awake). Come back to the hospital if your temperature is 37.5°C or higher or if the fluid changes colour or starts to smell different.

Having a bath or a shower at home will not increase the risk of infection but having sexual intercourse may do.

If you do not go into labour within 36-72 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 offer that you 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 6 in 10 women will start labour within 24 hours of their waters breaking. When this happens you should contact one of the midwifery led units, or the Maternity Assessment Unit (John Radcliffe Hospital) for advice.

Waiting longer than 72 hours

95 women in every 100 will give birth within 4-5 days of their waters breaking however the risk of infection in your womb increases significantly after 24 hours. This is the reason we recommend planning an induction after 36 hours. However, if you decide that you would like to wait for the start of your labour, we will arrange extra outpatient check-ups for you and your baby. We recommend you continue to take your temperature every 4 hours (while you are awake) and 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 37.5°C or if you unwell – especially if you are hot and feverish or cold and shivery. Please contact us immediately if you develop any of these symptoms.

Whilst you are at home, you should do the following:

1. Contact MAU immediately if there is any change in the colour or smell of your vaginal loss.
2. Take your temperature every 4 hours while you are awake and contact the Maternity Assessment Unit (MAU) if it rises to 37.5°C or more.
3. Contact MAU if there are marked changes in your baby's movements or any other concerns.

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 you are awake) in the chart below:

Time	Temperature	Colour of waters

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 (John Radcliffe Hospital)

on at

Contact numbers

John Radcliffe Hospital
Maternity Assessment Unit
Tel: 01865 220 221

Author: Wendy Randall
Consultant Midwife
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