

After your 'waters break' What are the options?

Information leaflet



During pregnancy, your baby is growing safely within a bag of amniotic fluid. Sometimes, you will hear amniotic fluid referred to as 'liquor', but most of the time, it is called 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 (this is known as when your 'waters break'). After this happens, there is a slightly increased chance (up to 1 in 100) of your baby getting a serious bacterial infection, compared with only 1 in 200 when the membranes are intact.

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 you go into labour within the first 18 hours after your waters have broken, you can still birth at home or in one of our freestanding Midwifery Led Units (MLUs). Transfer into hospital would be recommended after 18 hours, for you to have intravenous (IV) antibiotics. IV antibiotics are medications used to treat infection, that are given directly into a vein.

If you are in labour on the Spires, IV antibiotics can be given there at 18 hours after your waters have broken. However, we would recommend transferring you to the Delivery Suite from the Spires 24 hours after your waters have broken, for continuous fetal monitoring (where your baby's heartbeat is checked all the time instead of at regular time intervals). However, if the birth of your baby is about to happen, we may not need to transfer you.

If you would prefer a different birth plan from what is recommended, you can speak to your midwife.

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 induction)
2. wait 24 hours to see if labour starts naturally before being induced
3. wait and let labour start naturally – whenever that may be.

If your waters break after 37 weeks of pregnancy, before your labour starts, 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.

Planned early induction

If you decide to choose a planned early induction, then we would usually arrange to induce your labour as soon as a midwife is available to look after you. The length of time it takes to arrange a planned early induction will vary depending on the capacity of the unit at the time.

Inducing your labour means that we use medication (in the form of a hormone drip) to start your labour.

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

If the prostaglandin gel is used, we would then monitor your baby's heartbeat 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.

If you go into labour following the prostaglandin gel and your pregnancy is otherwise normal, you should be able to have your baby without CTG monitoring in labour. You may choose to give birth in the Spires Midwifery Led Unit at the John Radcliffe Hospital.

Reasons to choose a planned early induction

- Starting labour off as soon as possible will reduce the likelihood of infection in your womb (uterus), 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 IV antibiotics after it is born. Most babies will recover completely following treatment of an infection, but very rarely, babies can die (around 1 in 1,500).
- Fewer babies go to the Newborn Care 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 Newborn Care 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 for 12 hours after your baby is born to check that your baby does not develop any signs of infection.
- Overall, women who have a planned early induction report more satisfaction with their experiences giving birth than those who decide to wait for 24 hours or longer.

Waiting for 24 hours before inducing (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.

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 feel 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. 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.
2. Contact the MAU immediately if there is any change in the colour or smell of your waters/vaginal loss.
3. Contact the MAU if there are marked changes in your baby's movements or you have any other concerns.

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

Please record your temperature and the colour of your waters every 4 hours (while awake).

We will arrange a time for you to return to hospital if your labour does not start within 24 hours. The time arranged for you will depend on Delivery Suite capacity (workload). Safety is our priority, therefore we need to ensure staffing levels are safe and that there is a midwife available to care for you.

However, if you feel unwell or have any concerns at any time after your waters have broken, please contact the Maternity Assessment Unit on **01865 220221** and we will arrange for you to be seen.

If you do not go into labour within 24 hours, we would usually recommend that you come back into hospital after this time, for your labour to be started with a hormone drip. We will also offer you IV antibiotics to reduce the chance of infection for your baby

These are given through a drip (a small plastic tube that is inserted into a vein in the back of your hand or your arm).

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 (at the John Radcliffe Hospital) for advice.

Waiting longer than 24 hours

95 women in every 100 will give birth within 4 to 5 days of their waters breaking, however the chance of infection in your womb increases significantly after 24 hours. This is the reason we recommend planning an induction.

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 and follow the checks to carry out at home instructions on page 5.

We recommend that women whose waters have been broken for longer than 24 hours should birth on Delivery Suite with continuous monitoring of the baby's heart rate. We also recommend these women should have IV antibiotics due to the increased chance of infection.

Contact numbers

John Radcliffe Hospital

Maternity Assessment Unit

Tel: **01865 220 221**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

Authors: Consultant Obstetrician, Consultant Midwife
Guidance received from Divisional Patient Information Coordinator
July 2025
Review: July 2028
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

