



When your waters break before labour

Prelabour Spontaneous Rupture of Membranes (SRM)

Information for Maternity Service Users

- This information leaflet is designed to give you information about when your waters break before you are in active labour, when and what we offer, and it also contains some questions you might like to ask.
- This has been written by a collection of midwives, doctors, and our Maternity Voices Partners, in order to make sure the information is accurate and useful.
- A small number of women (just under 10%, or 1 in 10) break the bag of water around baby ('membranes') after 37 weeks ('full term'), and before they are in established labour.
- This is a normal way for labour to begin, and approximately 60% of women will then go into labour by themselves within 24 hours (6 in 10 women).

What should I do if I think my waters have broken?

- Telephone either:
 - **Maternity Assessment Unit (MAU) on 0207 288 5880**
or
 - **Birth Centre on 0207 288 3990**
- The midwife will ask for some information about you and your pregnancy to assess whether we need to see you in person. You may be asked questions such as how you are feeling, if your baby is moving, the colour of your waters, and if you are experiencing any contractions or vaginal bleeding.
- If it sounds like your waters have broken, we will ask you to come into The Whittington Hospital, to either:
 - **MAU - Kenwood Wing, level 3 or 4**
or
 - **Birth Centre – Kenwood Wing, level 2**



When you arrive

- the midwife will check your observations (pulse, temperature and blood pressure), feel your tummy, and listen to baby's heartbeat. They may also offer to do a longer trace of baby's heartbeat to confirm their wellbeing. We may offer a vaginal examination to confirm whether your waters have gone.
- We will also look at your pregnancy history and factors such as:
 - carrying Group B Strep (GBS)
 - the colour of the water: whether baby has done a poo in the water ('meconium-stained' green)
 - whether baby's pattern of movements is normal.
- If any of these are identified, we may recommend that your labour is induced.

Next steps

- We will discuss with you the options of:
 - **Early induction**
or
 - **Waiting for labour to start spontaneously ('expectant management')**
- Whichever path you choose, we will encourage you to keep active or go for walks, have a relaxing shower, rest and sleep or perhaps watch a film, and eat and drink as normal while you await labour. As with any labour it is important to rest in the early stages to prepare you for the path ahead.

Early induction

- If you choose early induction, we will discuss the options with you (see the 'Induction of labour' leaflet given to you with this leaflet) and make a plan moving forward.

Expectant management

- If you choose expectant management, you will go home to await signs of labour. If you are not in established labour around 24 hours, we will arrange for you to come to the hospital to start the induction process and to offer antibiotics to reduce the risk of infection for you and baby.



- If you choose expectant management, when you go home we will advise you to:
 - Record your temperature every four hours (to check for signs of infection).
 - Change your pad at least every four hours.
 - Call us if you:
 - Are experiencing signs of labour starting.
 - Start to feel unwell.
 - If the colour of your waters changes to green.
 - If baby's movements change.
 - If your temperature reading is above 37.5 degrees Celsius.
- If any of this happens, we will ask you to come into the maternity unit for assessment before the full 24 hours is up.
- You will be advised to avoid sexual intercourse but can continue to shower or bath.

Questions you might like to ask the people caring for you

- What can I do to stay calm and relaxed and help me as I prepare for labour?
- What will be the effect of each choice for my baby?
- Why am I being offered induction and why now?
- What steps above are specifically being offered to me?
- What is the impact on my place of birth?
- What happens if I don't go into labour spontaneously now?



How do I decide whether to be induced or to await labour for 24 hours?

	Expectant management (wait for labour, induction after 24 hours)	Early induction (start the process straight away)
B	<p>Benefits - After prelabour rupture of membranes, around 60 % of women go into labour themselves within 24hrs. If you go into labour yourself, it is safe to go to the Birth Centre or have a home birth if that was your original preference. You may avoid risks of induction if you go into labour before 24 hours (see 'Induction of labour' leaflet given to you with this one).</p>	<p>Benefits – Slightly lower chance of infection for baby (0.5-1% compared to 1-2% with expectant management). Slightly lower chance of you also getting an infection (5.4% compared with 11% with expectant management). In studies, women who had immediate induction of labour were overall more satisfied than those who waited for labour to start naturally (Cochrane 2017). The time between your waters breaking and you having your baby is likely to be shorter (on average) with early induction.</p>
R	<p>Risks - There are some risks associated with expectant management. These need to be weighed against the risks to you and to your baby if you have immediate induction.</p> <ul style="list-style-type: none"> • Slightly higher chance baby will develop an infection and be admitted to the neonatal unit (1-2% compared with 0.5-1% with immediate induction). After 24 hours, we offer antibiotics to reduce the chance of baby having a GBS infection. We also check baby's heart rate, breathing & temperature regularly during your postnatal stay. • Slightly higher chance that you also will develop an infection (11% compared with 5.4% with immediate induction). • Very small chance of the umbilical cord slipping down in front of the baby's head ('cord prolapse'; between 1 in 200 and 1 in 1000 births). This is an emergency. 	<p>Risks - There are some risks associated with having your labour induced. These need to be weighed against the risks to you and to your baby in waiting for labour to start naturally.</p> <ul style="list-style-type: none"> • You are likely to need a hormone drip and continuous electronic monitoring of your baby. This may mean you are less mobile in labour, and you may want an epidural for pain relief. • See 'Induction of labour' leaflet given to you with this leaflet.
A	<p>Alternatives – You can opt for early induction of labour. You can opt for caesarean birth.</p>	<p>Alternatives – You can opt to wait for labour to start. You can opt for caesarean birth.</p>
I	<p>Intuition - What does your intuition say you should do?</p>	<p>Intuition - What does your intuition say you should do?</p>
N	<p>Nothing - Wait, do nothing. After 24 hours, the chance of you or your baby getting an infection increases with each day. In this case we will offer to monitor you and baby for infection and offer antibiotics to protect you and baby against infection.</p>	<p>Nothing - Wait, do nothing. After 24 hours, the chance of you or your baby getting an infection increases with each day. In this case we will offer to monitor you and baby for infection and offer antibiotics to protect you and baby against infection.</p>

Further information

If you have any further questions or concerns, please phone these contact numbers:

- Community Midwives Base - 020 7288 3482
- Labour Ward - 020 7288 5502
- Maternity Assessment Unit (Triage) - 020 7288 5880

References:

- <https://www.nice.org.uk/search?q=Inducing+labour>
- https://www.cochrane.org/CD005302/PREG_it-better-baby-be-born-immediately-or-wait-labour-start-spontaneously-when-waters-break-or-after-37

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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