

WELLINGTON  
OBSTETRICS



TERM PRE-LABOUR RUPTURE OF MEMBRANES

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## **TERM PRE-LABOUR RUPTURE OF MEMBRANES**

Term pre-labour rupture of membranes (PROM) is where the membranes have ruptured after 37 weeks of pregnancy. This occurs in about one in 10 women giving birth. For most women, labour will start within 24 hours of their membranes rupturing. For some women, labour may not start for several days.

### **DIAGNOSIS OF TERM PROM**

Your Obstetrician will ask you about the symptoms you have experienced. In addition, the following may occur:

- examine your cervix—this may show fluid leaking from the cervical opening
- ultrasound scan—this may show reduced fluid around your baby. This would be expected if your membranes had ruptured.

### **YOUR OPTIONS FOR MANAGEMENT**

#### **Early Induction of Labour**

Induction of labour encourages your contractions to start. A synthetic hormone called oxytocin is used to do this. It will be given to you through an intravenous infusion (drip) inserted into the back of your hand.

Early induction of labour reduces the risk of infection for you and your baby. It also reduces the chance of your baby requiring admission to a neonatal unit. Some women may find induced labour to be more painful and you may need stronger pain relief, such as an epidural. Women who elect induction of labour are no more or less likely to give birth by caesarean section or with the help of an instrument (forceps or vacuum).

#### **Awaiting the Onset of Labour**

Waiting for labour to start naturally is another option, and is an appropriate choice in many circumstances. You will usually be able to go home to wait for labour to begin. Waiting for labour to start naturally does carry an increased risk of infection for you (risk of infection 6.7 per cent compared with 4.3 per cent for early induction) and your baby (2.3 per cent compared with 1.6 per cent) and an increased likelihood that antibiotics will be needed. These antibiotics will be given through an intravenous infusion (drip) in hospital. As the risks of infection are higher with expectant management, your baby may require observation and/or treatment in the neonatal unit.

At home, you will need to record the following observations, including the date and time:

- your temperature, every four hours,
- while awake your heart rate, every four hours



- while awake your baby's movements— expect about 10 or more movements in 12 hours
- your vaginal loss—colour, amount and odour
- your general wellbeing.

If you have chosen expectant management and have not come into labour, then you need to be reviewed in 24 hours. It is very important that you contact your Obstetrician or Delivery Suite if you observe any of the following:

- temperature stays above 37.5°C
- heart rate above 100 beats per minute
- change in colour or odour of vaginal loss
- vaginal bleeding or spotting
- abdominal cramping, pain, or contractions
- flu-like symptoms or feeling generally unwell
- decreased fetal movements.

