

Management of Preterm Prelabour Rupture of Membranes

What is preterm prelabour rupture of membranes?

Your baby lies in a bag (membranes) of fluid (amniotic fluid) inside the womb (uterus). When a hole develops in the membranes (i.e. the membranes rupture), amniotic fluid leaks out from around the baby and into the vagina. This normally happens close to 40 weeks of pregnancy or during labour. However if this occurs before 37 weeks of pregnancy and before labour starts it is called preterm prelabour rupture of membranes (PPROM). This happens in about 2-3% of pregnancies. The majority of women with PPRM will go into labour within a week of their membranes rupturing.

What problems does this cause?

The main concerns with PPRM are:

1. An increased chance of the baby being born preterm. The earlier in pregnancy a baby is born, the greater the chance of problems occurring e.g. breathing difficulties. An appointment with a paediatrician will be arranged so you can discuss what may happen when your baby is born.
2. Infection of the membranes occurs in about 20-30% of women with PPRM. If you develop an infection there is a 10% chance that it will be passed on to the baby.

The signs of infection include:

- Feeling hot and cold (feverish / "flu-like" symptoms)
 - Increasing contractions or abdominal tenderness
 - Change in colour of the vaginal fluid (becomes green or yellow)
 - Offensive smelling vaginal fluid
3. On rare occasions the umbilical cord may come through (prolapse) the neck of the womb (cervix) into the vagina.

Do I need any treatment?

The usual treatment includes:

- **Antibiotics**

To reduce the risk of infection a seven-day course of oral antibiotics (Erythromycin) is usually prescribed. It is important that you complete the course given to you. Please let your midwife or doctor know if you have not received the antibiotics or have been unable to take all the tablets.

- **Steroids**

If you are between 24 and 34 weeks of pregnancy when your fluid first starts to leak a steroid (betamethasone) is given to you. This is to help your baby's lungs develop and reduce the chance of him /her having breathing difficulties at birth. Two injections are given 24 hours apart.

Follow up appointments

In some cases, after an initial hospital stay of 24-48 hours you may be able go home. You will need follow-up appointments in the **Maternal Fetal Assessment Unit** at least once a week. Each visit will take approximately one hour and include:

- A check of your temperature, pulse, blood pressure and urine
- An assessment of the amount, colour and odour of your vaginal fluid loss
- A blood test to look for early evidence of infection
- A swab from inside the vagina to check for infection
- A check of your baby's health with an ultrasound scan and fetal heart rate monitoring

At home

You should:

- Rest as much as possible as this may help the fluid around the baby build up again
- Avoid sexual intercourse as it can cause premature labour and/or introduce infection
- Shower daily but avoid the use of a bath

Contact the Maternal Fetal Assessment Unit (MFAU) on (08) 93402199 if:

- The umbilical cord prolapses – if this occurs you require urgent assessment at the MFAU
- Your vaginal fluid loss
 - changes colour - becomes green / yellow or blood-stained, or
 - smells offensive.
- You experience feverish / “flu-like” symptoms e.g. hot, cold or shivery
- There is a reduction in the baby’s movements

If you experience any of the above you **should be checked the same day** rather than waiting for the next visit.

What happens if I don’t go into preterm labour?

You will be reviewed in the hospital antenatal clinic when you are 34 weeks gestation or over. At that visit birthing options, including induction of labour will be discussed.

Please discuss any concerns with the doctor or midwife

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