



CLINICAL PRACTICE GUIDELINE

# Pre-labour Rupture of Membranes at Term

This document should be read in conjunction with the [Disclaimer](#)

## Aim

To provide a management plan for the woman with prelabour rupture of the membranes at term.

## Definition<sup>1</sup>

Pre-labour Rupture of Membranes (PROM) at term is defined as rupture of the amniotic sac prior to the onset of labour at or beyond 37 weeks gestation. Rupture of membranes (ROM) is colloquially known as “Breaking the water” or as “one’s waters breaking”.

The incidence of PROM at term is 8%<sup>1</sup>.

## KEY POINTS<sup>1</sup>

1. Women with PROM at term should be informed of the risks and benefits of the options of active and expectant management.<sup>1</sup>
2. Expectant management is appropriate in women who are group B streptococcus (GBS) negative or GBS unknown and have no signs of infection or other complications.
3. Induction of labour (IOL) with vaginal prostaglandins is associated with an increased risk of chorioamnionitis and neonatal infection in comparison with an oxytocin induction.
4. Oxytocin rather than vaginal prostaglandins is preferred for the IOL in the presence of PROM at term.
5. GBS positive women who present with PROM should be commenced on IV antibiotics immediately, and have an IOL within 6 hours of rupture of the membranes.<sup>2</sup>
6. If the woman has any signs of infection then advise immediate IOL.
7. If a woman is GBS negative or unknown and elects for expectant management she will be advised to:
  - Check her temperature every 4 hours during waking hours and report if she has a raised temperature of over 37.4°C<sup>3</sup>
  - Avoid sexual intercourse<sup>3</sup>
  - Report to treating hospital/health practitioner
    - if she is feeling unwell<sup>3</sup>
    - any change in colour or smell of her vaginal loss<sup>3</sup>
    - changes in fetal movements<sup>3</sup>

8. If a woman declines the recommended management outlined in this guideline an individual non-standard management plan must be documented in the woman's notes following a discussion between the woman, midwife and the senior registrar or more senior medical officer.

## Assessment

Assessment of women presenting with PROM at term should include:

- Confirmation of ROM
- Confirmation of gestation and presentation
- Performing maternal and fetal observations

Digital vaginal examination is to be avoided unless immediate induction is planned or cord prolapse is suspected.

## AL-SENSE PANTY LINER™

The Al-Sense panty liner™ is a screening tool for ROM > 20 weeks gestation.

- Provide the woman with a liner to wear and encourage mobilisation for 5-10 minutes
- Assess the panty liner for any colour change
  - Yellow (negative) means the fluid leak is probably not ROM
  - Blue or green means there is probable ROM

Table 1

Finding	Yellow (negative)	Blue or green
Management	<p>Discuss with Registrar.</p> <p>Discharge into community if no other complication.</p> <p>An US, CTG or speculum does not need to be performed.</p> <p>Avoid digital vaginal examination In the absence of contractions.<sup>3</sup></p> <p>Advise the woman to continue wearing the panty liner for 12 hours. If the liner turns blue at any stage during the 12 hours, she should contact the hospital or her health practitioner.</p>	<p>Manage according to remainder of this guideline.</p>

## Special cases

**Cervical suture** – if ROM is confirmed or uncertain the woman should be reviewed by the LBS Registrar or more senior medical officer. If a cervical suture is present, there is a very high risk of sepsis. The suture should be removed as soon as possible and prompt birth must be considered

**Non-cephalic** presentations with confirmed ROM must have a digital vaginal examination to exclude cord presentation and the management plan discussed with the LBS Senior Registrar or more senior medical officer.

## Management of Confirmed ROM

### Expectant Management

#### **Criteria for expectant management**

- GBS negative / unknown
- Cephalic presentation
- Clear liquor
- No signs of infection (maternal tachycardia, fever, uterine tenderness)
- No cervical suture<sup>1</sup>
- Woman able to assess
  - Temperature 4 hourly
  - vaginal loss
  - fetal movements<sup>1</sup>
- Reactive CTG
  - CTG only required if additional risk factors present<sup>3</sup>

#### **At 18 hours following ROM**

- Commence IV antibiotics. These may be commenced in the hospital, FBC or community setting.
- If woman in labour at 18 hours continue labour care.
- If woman NOT in labour at 18hours
  - Administer IV antibiotics as per Table 2
- The second dose of IV antibiotics (at 22 hours following ROM) can be given in MFAU/FBC/community if they have not established in labour at this time.
- IOL should be commenced when the membranes have been ruptured for 24 hours.

#### **At 24 hours following ROM**

- If woman NOT in labour transfer to hospital for clinical review and IOL.

- If the woman is in active labour prior to 24 hours post ROM she may continue to labour in her intended birth setting (FBC/community)

### Active Management

#### Criteria for active management

- GBS positive
  - Known carriers of group B streptococcus who present with PROM at term should be treated with IV antibiotics immediately, and have labour induced within 6 hours of rupture of the membranes.<sup>2</sup>
- Cephalic presentation

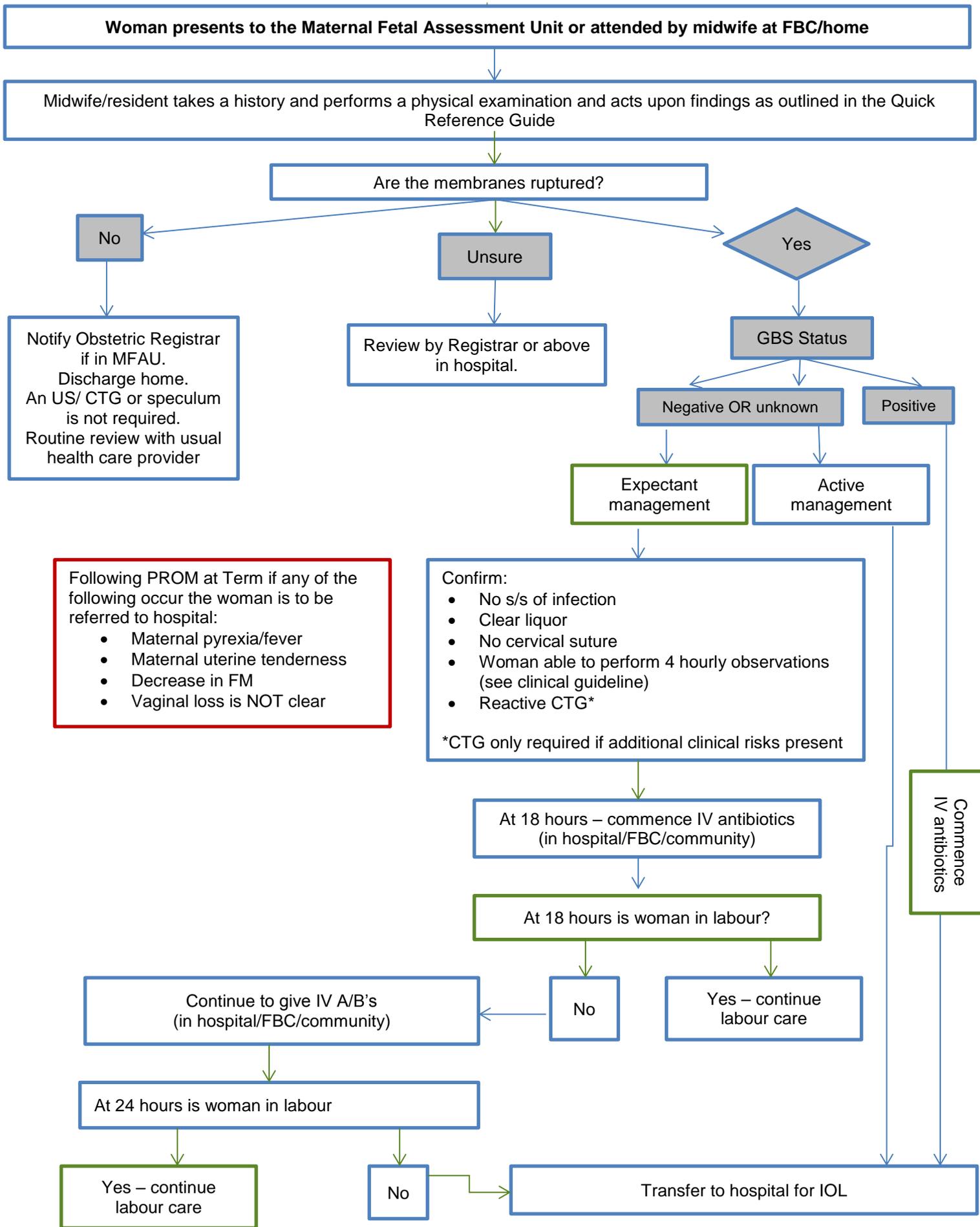
If the woman is GBS –ve or unknown and is requesting IOL this may be facilitated dependent on the activity/acuity within the birthing unit.

#### Antibiotic prophylaxis in the event of PROM at term for:

- GBS positive women
- GBS negative and unknown women whose ROM  $\geq$  18 hours

Table 2

MEDICATION	DOSE	ROUTE	FREQUENCY
Benzyl penicillin	3g then 1.8g	IV	4 hourly
Clindamycin (if sensitive to penicillin)	900mg	IV	8 hourly



## References and resources

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. College Statement C-Obs 36. Term Prelabour Rupture of membranes. March 2014. Avail at <http://www.ranzcog.edu.au/publications/>
2. Hannah ME, Ohlsson A, Wang E, Matlow A, Foster G, Willan AR. Maternal colonization with group B streptococcus and prelabour rupture of the membranes at term: The role of induction of labour. Am J Obstet Gynecol. 1997;177(4):780-5. (Level II).
3. National Institute for Health & Care Excellence. Clinical guideline [CG190] 1.11. Prelabour rupture of membranes at term. February 2017
4. <https://www.nice.org.uk/>

## Related policies

## Related WNHS policies, procedures and guidelines

[PPROM](#)

[Induction Of Labour](#)

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