



## When your water breaks early: Caring for yourself at home

If your water breaks before 37 weeks of pregnancy, it is called **Premature Rupture of the Membranes** (or PROM). Some people call it Preterm Premature Rupture of Membranes (or PPRM).

PPROM causes 30-40% of preterm births.

**The information on this handout can help you and your baby stay safe and healthy after PROM.**

### What you need to know:

- ❖ Check for signs of early labour. Count your contractions every day.
- ❖ Know the signs of infection. Take your temperature and pulse twice every day.
- ❖ Check your vaginal discharge.
- ❖ Monitor your baby. Do Baby Movement Counting once every day.
- ❖ Attend all of your ultrasound and Non-Stress Test appointments.
- ❖ Attend your doctor or midwife appointments.

**\*\*Contact your doctor or midwife if you have questions or concerns\*\***

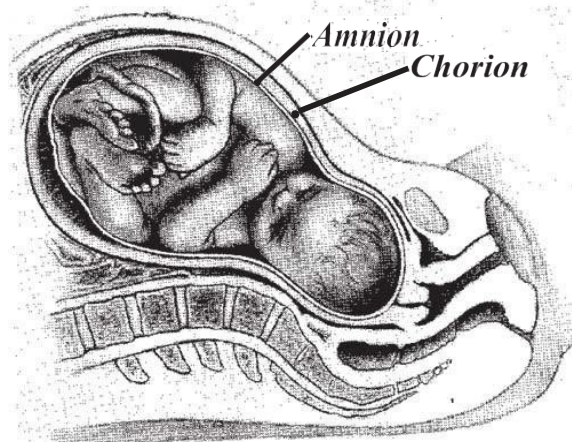
### What are membranes?

Babies grow inside a sac full of fluid. The sac is like a cushion. It helps to protect the baby and makes space for the baby to move.

The sac has two layers, called **membranes**:

- The **amnion** is the thin, transparent layer closest to the baby.
- The **chorion** is the outside layer, closest to the pregnant person. The chorion sticks the amnion to the inside of the uterus.

Together, the membranes act as a barrier. They keep infections away from the baby.



### What happens when my water breaks?

A small hole forms in the membranes. The hole can be at the cervix (opening to the uterus), or higher up. Fluid leaks through the hole and comes out the vagina. The leak may stop and start, or it may be constant. Some people feel a gush of fluid instead.

Your baby's kidneys and lungs will keep making fluid after your water breaks.

Your health-care team may check that your water broke. They may check your cervix with a speculum and collect some fluid. This feels like a pap smear.

You may need to give a urine sample. You may also need a blood test.

## How does PROM affect my baby?

- ❖ **You may start labour soon.** Up to 50% of people deliver their baby within one week of PROM. If your baby is born before 34 weeks, they may need to spend time in the Neonatal Intensive Care Unit (NICU). NICU teams help babies to breathe, feed, and stay warm.
- ❖ **The fluid leak may continue** for the rest of your pregnancy. You and your baby have a higher risk of infection during this time.
- ❖ **Your baby's cord may get squeezed** when your baby moves.
- ❖ **There is a small risk of a prolapsed cord.** This is when the baby's cord comes through the cervix, and into the vagina. *This is an emergency.*

## What will my health-care team do after PROM?

There is no way to plug the hole in the membranes.

After PROM, your health-care team will:

- ❖ Ensure your baby is growing normally, and
- ❖ Teach you what to do if your baby's cord comes through the cervix (prolapsed cord).
- ❖ Give you antibiotics
- ❖ Give you a medication that helps your baby's lungs mature if you are less than 34 weeks pregnant.

You can help to keep yourself and your baby safe after PROM:

- ❖ Try to avoid early labour and birth,
- ❖ Keep your baby safe from infection by checking yourself for signs of infection
- ❖ Monitor your baby's movements.

## How do I avoid early labour and birth?

- ❖ Reduce your activity. Your healthcare provider will explain how much movement is safe for you. Short walks and light activity may be okay.
- ❖ Avoid heavy lifting.
- ❖ Do not rest in bed all day. Bedrest after PROM does not help the pregnant person or baby. Some movement is good for you.
- ❖ Wear loose clothes. They will keep you comfortable.
- ❖ Avoid constipation. Eat whole grain foods, fruits and vegetables. Drink 6-8 glasses of water each day. You can discuss using a stool softener with your care provider.

## What are the signs of early labour?

**Your doctor or midwife will explain the signs of early labour. They will tell you when to contact them.**

Contact your doctor or midwife, and prepare to visit the Urgent Care Centre if you have:

- ❖ Regular contractions that are 15 minutes apart, or less. Labour contractions usually get closer together and more painful over time.
- ❖ Discomfort or pain in the lower part of your tummy. This may feel like menstrual cramps, backache, or pressure. The feeling may come and go. Or, it may last during early labour.
- ❖ Bowel cramping, with or without diarrhea.

## Am I having contractions?

It can be difficult to tell the difference between baby movements and contractions.

To check for contractions:

- ❖ Get comfortable. Rest the palm of your hands on top of your tummy, so that your baby is under your hands.
- ❖ When the uterus contracts, you will feel your tummy become firm or tight. When the contraction ends, your tummy will soften. Your tummy will return to its former shape.
- ❖ *Count your contractions once every day for about an hour if possible.* Write down the time when one contraction starts, how long it lasts, and when the next contraction starts. If contractions feel uncomfortable, write that down too.
- ❖ **Call your doctor or midwife if you have regular, painful contractions that get closer together. If you're unable to speak to your provider, come to the Urgent Care Centre for assessment.**

During pregnancy, some contractions are normal. These are called **Braxton Hicks contractions**. These contractions strengthen the uterus, and prepare your baby for labour. They are not labour contractions, because they do not change the cervix.

Braxton Hicks contractions may feel tight or uncomfortable, but they usually do not hurt. They do not happen in a pattern. (In other words, they are sporadic.) These contractions usually stop if you rest or change positions.

## How do I keep my baby safe from infection?

- ❖ Hygiene is very important. After you use the toilet, clean the area around the urethra and vagina well. Always wipe front to back. Use a squeeze bottle to rinse the area with warm water. (You can buy a squeeze bottle online or from some pharmacies.)
- ❖ Change sanitary pads when wet, or at least every 4 hours.
- ❖ Do not wear tampons.
- ❖ Change bed linens if they are dirty or wet.
- ❖ Shower instead of taking a bath.
- ❖ Do not use douches or vaginal creams.
- ❖ Do not have sexual intercourse.

## How do I check for signs of infection?

**Check for infection 2 times every day.** It is a good idea to do this in the morning and evening.

Check your temperature, your pulse, and your vaginal discharge.

Call your doctor or midwife, and come to the Urgent Care Centre if:

- ❖ Your temperature is above 37.5° Celsius or 99.5° Fahrenheit.
- ❖ Your pulse is over 100 beats per minute.
- ❖ Your vaginal discharge is yellow or green, smells different from normal, or looks cloudy. Fluid from your vagina should be clear.
- ❖ You feel unwell (fever, chills, or feel like you are getting the flu).
- ❖ You have painful contractions.
- ❖ Your uterus (tummy) feels tender or painful.



## How do I check my baby's movements?

Read and follow the **Baby Movement Counting** handout. Count baby movements once each day. Do this around the same time each day (for example, every morning, or every evening).

If you feel less than 6 movements in 2 hours, call your doctor or midwife and come to the hospital Urgent Care Centre for a Non Stress Test.

### What is a Non Stress Test (NST)?

Your baby's heart rate shows how your baby is doing. During a Non Stress Test, a monitor at the hospital measures changes in your baby's heart rate. The test lasts for 20min to 1 hour. Your doctor or nurse may recommend that you have a NST up to 3 times a week.

During the NST, a nurse will secure the monitor onto your tummy with stretchy belts. The nurse will see your baby's heartbeat on a slow-moving graph on a computer screen.

### What is an ultrasound?

After PROM, you may need more ultrasounds.

An ultrasound:

- ❖ Shows how your baby is growing.
- ❖ Checks the amount of fluid still around your baby.
- ❖ Measures how much blood moves through the umbilical cord to the placenta. This is called **Doppler Flow** and is another way to check how your baby is doing.

**Go to all your Non-Stress Test and ultrasound appointments.** Your doctor or midwife will explain how many appointments you need. Every pregnancy is different.

## What do I need to check for at home?

### **Twice per day (Morning and evening):**

- Temperature
- Heart rate
- Vaginal discharge

### **Once per day:**

- baby's movements

## I think my baby's cord has slipped down (prolapsed cord). What should I do?

It is very rare for the umbilical cord to slip through the cervix.

***This is an emergency.***

***It can be dangerous for your baby, and you need to come to the hospital immediately.***

*(Once you get to the hospital, delivery of your baby may be required.)*

If you feel something in your vagina or between your legs:

- ❖ Call 911. Ask for an ambulance to bring you to the nearest hospital.
- ❖ Unlock your front door or ask someone to do this for you.
- ❖ Get on your hands and knees. Lower your chest to the floor. Keep your hips and bottom in the air. Breathe slowly.  
(Position 1)



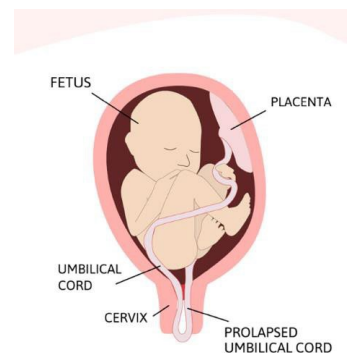
Position 1



Position 2

- ❖ Or you can put a pillow under your hip and lie down. The pillow should support your hips and bottom, so that they are in the air. Breathe slowly. (Position 2)

Both positions take pressure off your baby's cord.



**If you have questions or concerns, contact your doctor or midwife. It's good to ask!**