



Premature Rupture of the Membranes (PROM) Frequently Asked Questions

1. What is premature rupture of the membranes (PROM)?

Premature rupture of the membranes is the breaking open of the amniotic fluid sac more than one hour before labor or regular uterine contractions begins. If PROM occurs before 37 weeks of pregnancy, it is considered preterm premature rupture of the membranes (PPROM).

2. What causes premature rupture of membranes?

PROM near the end of pregnancy may be caused by a natural weakening of the membranes or from the force of contractions. Other factors causing PROM may include previous preterm birth, vaginal bleeding, or cigarette smoking during pregnancy. Preterm PROM may be caused by an infection in the uterus.

3. Why is premature rupture of membranes a concern?

PROM is a complicating factor that happens in 10% of term pregnancies and 3% of preterm pregnancies. A major risk factor of PROM is developing an infection in the placental tissues called chorioamnionitis which can affect both mother and baby. If you are diagnosed with chorioamnionitis, you will need to receive antibiotics in labor and your baby will need to be evaluated for infection following the delivery. Evaluation of the baby can include admission to the NICU, multiple blood tests, blood cultures, and a course of IV antibiotics while these tests are being run. IV antibiotics courses can last for 7 days and your baby will be in the hospital this entire time. Other complications include placental abruption (early detachment of the placenta from the uterus), compression of the umbilical cord, cesarean birth, and postpartum infection.

4. What are the symptoms of PROM?

Each women may experience symptoms differently, however the most common symptoms include leaking or a gush of watery fluid from the vagina or constant wetness in underwear without visible texture to the discharge. It is important to note what time you think your water broke and what color the fluid is. If you are not sure if your bladder leaked or your water broke, go to the bathroom and empty your bladder. Then stand up and cough a few times. If every time you cough, more fluid leaks out, it is likely that your water broke. If nothing leaks with further coughs, it likely was your bladder leaking urine. **Please call triage or the on-call provider as soon as possible if your water broke or you think you are leaking fluid.**

5. How is premature rupture of the membranes diagnosed?

If you think your water has broken, a speculum exam is done for confirmation. An exam of the cervix may show fluid leaking from the cervical opening. The provider will test the pH of the fluid and will

look at the fluid under a microscope as amniotic fluid shows a characteristic fern-like pattern. It is also important to be evaluated to rule out infection, assess fetal heart rate pattern, confirm baby's position, evaluate maternal and fetal well-being, and to discuss a plan for further management.

6. What is the treatment for premature rupture of the membranes?

Management of PROM depends on several factors including the gestational age that it occurs, your cervical exam, and the maternal-fetal clinical condition. If you are GBS positive, it is required for you to go to the hospital after your water breaks to initiate intravenous antibiotics to prevent infection to your baby.

- **Active or expectant management:** The decision in management of an uncomplicated term PROM is whether to initiate delivery with induction or allow for expectant management (the "wait and see" approach). According to current medical guidelines, it is advised to induce labor or perform a cesarean delivery (if vaginal delivery is not advised) in the situation of PROM. With expectant management, there is an increased risk of infection, risk of umbilical cord prolapse, cord compression, or placental abruption. Studies have shown that inducing labor within 2-12 hours after membrane rupture decreased the rate of maternal infections, neonatal infections, and NICU admissions, and did not show an increased rate of cesarean delivery.

Things to Consider

1. If you think your water has broken or are not sure if you are leaking fluid, call the triage labor line as soon as possible (802-862-7338 option 1) to talk with the triage nurse if it is regular office hours. Our triage phone lines are on from 7:45 am-4:15 pm. If it is after office hours, call the office number and leave a message with the answering service so they can page the on-call provider and the provider will call you back.
2. It is important to note what time your water has broken and if you noticed any color or odor of the fluid.
3. If you are GBS positive and your water has broken, you will need to start IV antibiotic treatment at the hospital, even if you are not in labor yet.
4. If your baby is confirmed to be breech and your water broke, you will require to have your cesarean section the day your water breaks.
5. Your provider will discuss with you an appropriate timeline for induction of labor with PROM if you haven't gone into labor yet.

Your GBS status is:

Positive

Negative