Royal College of Obstetricians & Gynaecologists

When your waters break before 24 weeks of pregnancy (preterm prelabour rupture of membranes - PPROM)

About this information

This information is for you if you have been diagnosed with PPROM (preterm prelabour rupture of membranes) but you have not gone into labour.

This information may also be helpful if you are a partner, relative or friend of someone who is in this situation.

The information here aims to help you better understand the condition and your options for treatment and care, and the possible effects for both you and your baby. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

If you think that you have PPROM after 24 weeks of pregnancy you should contact your maternity team straight away. Please also see When your waters break after 24 weeks of pregnancy for further information. This may also be useful if your waters break before 24 weeks, but your pregnancy continues after this point.

This information covers:

- What is PPROM?
- What are the symptoms of PPROM before 24 weeks?
- How PPROM is diagnosed
- The choices available to you

Healthcare professionals and researchers are still studying how best to care for women with PPROM. This information leaflet will try and explain some of the possible scenarios.

Within this information, we may use the terms ‘woman’ and ‘women’. However, we know that it is not only people who identify as women who may want to access this information. Your care should be appropriate, inclusive and sensitive to your needs, whatever your gender identity.

A glossary of all medical terms is available on the RCOG website at: https://www.rcog.org.uk/for-the-public/a-z-of-medical-terms/

Key points

- It is important to call your healthcare team at any time in your pregnancy if you think your waters may be leaking. It is important to find out if you have premature pre-labour rupture of membranes

- PPROM.

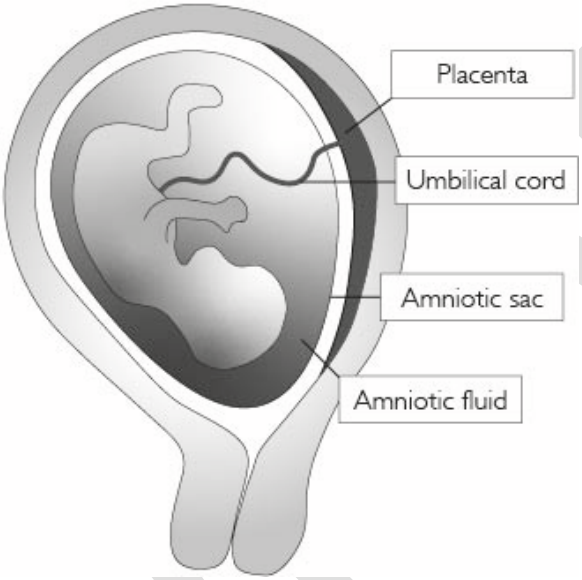
- The diagnosis of PPROM can be difficult to make but it is essential to seek advice to lessen the chance of complications for you and your baby if you have PPROM.
- If PPROM is confirmed, your healthcare team will discuss your options with you. These will depend on how many weeks pregnant you are when PPROM happens, if you and your baby remain well after PRROM and your preferences for your care.

What is preterm prelabour rupture of membranes (PPROM)?

Your baby is surrounded by amniotic fluid or 'waters' contained within a membrane bag (the amniotic sac) when they are inside your uterus (womb).

Amniotic fluid helps your baby to:

- Stay protected from bumps and injury as they growDevelop healthy lungs Move around easily so that their bones and muscles grow.



When the sac breaks, this is known as the 'waters breaking', or rupture of the membranes. Normally your waters break shortly before or during labour from 37 weeks of pregnancy. If your waters break before labour and before 37 weeks of pregnancy, this is known as preterm prelabour rupture of membranes (PPROM). This can happen in up to 1 in 30 pregnant women.

PPROM before 24 weeks is much less common, affecting about 1 in 3000 pregnant women.

How will I know if my waters have broken?

You may notice a 'gush' of fluid from your vagina, or your underwear may feel damp. The amount of fluid you lose may vary from a trickle to a gush. It is different from urine (which may have a smell of urine) and it is usually clear in colour. It is also different from vaginal discharge (which is often white/yellow in colour).

As this might be happening very early in your pregnancy, there may only be a very small amount of fluid (waters), and you may or may not feel any pain, such as contractions. Whether you have pain or not, if you are leaking fluid, and/or think your waters have broken, you should contact your local hospital straight away and you should attend for tests urgently.

How is PPROM diagnosed?

If you think your waters have broken before 24 weeks of pregnancy, your maternity team will advise that you attend hospital urgently for care.

A healthcare professional will:

- ask you about what has happened and about any previous pregnancies
- check your temperature, heart rate, breathing rate and blood pressure
- listen to your baby's heartbeat.

The best way to diagnose PPROM is to see water inside the vagina. Your healthcare professional will explain this to you and ask for your consent to examine your abdomen and vagina, with a chaperone present. The vaginal examination will involve your healthcare professional placing a speculum inside your vagina to look for fluid (waters).

A swab test may be used to try to confirm if the fluid seen in the vagina is specifically from around the baby. A different swab may be taken to check if there is any vaginal infection.

If you are having contractions, your healthcare professional may ask to check if your cervix is dilating by feeling inside your vagina. You will also be asked to give a urine sample to be tested for urinary infections – even if you do not currently have any symptoms. This is because urine infections are more common in women with PPROM.

There are different swab tests that can help your healthcare team to check if the fluid (waters) you can feel leaking is coming from around the baby. However, it is important to know that these tests are not 100% accurate and may show up as positive when there are no waters present, or negative when there are.

If your healthcare team are unsure about whether your waters are broken or not, you may be admitted to hospital to regularly check your pulse and temperature, and also for monitoring to see if you leak any more fluid (waters).

You may also be offered an ultrasound scan to look at the amount of water around your baby, although this cannot be used by itself to diagnose PPROM before 24 weeks. This is because the amount of water on an ultrasound scan can look normal even in cases of PPROM.

What happens next if I have PPROM?

Your healthcare team will explain the options available to you so your care can include what matters to you. The guidance for healthcare professionals about PPROM before 24 weeks is limited, which makes it harder than usual to plan care for women and their babies in this situation. However, if your pregnancy is being affected by PPROM before 24 weeks, it is recommended that your antenatal care is led by a team of doctors, as there will be higher chances of complications for you and your baby.

Your healthcare team will discuss with you:

- whether you need to be admitted to hospital
- medications you may need such as antibiotics
- whether your baby may need to be born very early and if so, where and how you give birth
- choosing to end your pregnancy (have a termination).

It is important that your healthcare team explain the possible complications to you. They may not all be present in your case but discussing them can help you make an informed decision. There may be complications that could affect your health. As your baby is still very young, they may be born with a range of health conditions or even die.

You can ask for information to be repeated and ask any questions you have.

PPROM can have a negative effect on your mental wellbeing and cause anxiety, depression and post-traumatic stress for you and your family. Your healthcare team can refer you for counselling to help support you.

What could PPROM mean for my health?

Possible complications of PPROM for you include:

- Infection: some women develop an infection in their uterus (womb) after PPROM. Sometimes, it can develop into sepsis. If you are developing an infection, your healthcare professional will advise giving birth so that you do not become seriously unwell. Sometimes, it is too early for your baby to survive. This is known as a termination for a medical reason (TFMR).
- Cord prolapse: this is where the umbilical cord comes out through the vagina before the baby. If your baby could survive outside the womb then you may need to have an urgent birth. If it is too early for your baby to survive outside the womb, then this will result in the death of your baby before they are born.
- Placental abruption: the placenta may come away from the wall of the womb, usually causing vaginal bleeding and abdominal pain. It can be an emergency for you and your baby if the bleeding is heavy, and you may need to give birth urgently.
- Sepsis: 1 in 6 women with PPROM can develop sepsis. Studies have shown that women rarely die due to sepsis. The exact number of deaths is not clear, from 1 in 200 to 1 in 2500 in different studies.

What could PPROM mean for my baby?

Your healthcare team will explain what PPROM means for your baby – this will be based on your individual circumstances, any signs that either of you are well or unwell, and how many weeks pregnant you are.

Some women with PPROM before 24 weeks will be able to safely continue their pregnancy until the baby is able to survive, and some of these babies will go home from hospital without major problems. One study in the UK showed that the chance of babies surviving so that they can leave hospital is about 1 in 4 babies. However, there is a chance of serious illnesses for about 4 out of 5 babies.

It is not possible for healthcare professionals to accurately predict those babies who will survive and those who will not.

Before 22 weeks

If your baby is born before 22 weeks of pregnancy, your healthcare team is unlikely to offer resuscitation and intensive care in the neonatal unit. This is because such early preterm (premature) babies do not survive even with medical treatments. If your baby is born alive, they will be kept comfortable. Your healthcare team will respect and support your wishes about how you choose to spend time with your baby after birth until they die peacefully.

Between 22 and 24 weeks

If your baby is born between 22 and 24 weeks of pregnancy, this is still known as extremely premature. In this situation, a paediatrician will be part of the team caring for you, and they will explain the possible complications of birth before and after your baby is born to help you decide on the best care for your baby at this early stage of pregnancy. You will be able to ask any questions you may have.

There is a chance your baby will have severe and sometimes life-long health conditions, such as cerebral palsy, which can happen because of the effects of prematurity and also infection in the baby. Babies born between 22 and 23 weeks of pregnancy often do not survive. Your paediatrician will discuss your individual circumstances with you.

Other complications for your baby include:

- Chronic lung disease (pulmonary hypoplasia): before 24 weeks, the water around your baby helps the spaces in their lungs grow, making them able to breath in air after birth. However, if the water leaks out, then there is a risk of the lungs not developing as they should. This means there is a chance your baby will experience severe breathing problems and may need long term oxygen treatment. Unfortunately, no tests have been proven to predict the chances of this problem in your baby before birth.

- Clubfoot (arthrogryposis): with less fluid (waters) around them due to PPROM, your baby is less able to move their arms and legs inside the uterus (womb) and they may become stiff and fixed in position. Again there is no helpful test to look for this condition although if your baby survives, this can be helped with physiotherapy.

- Prematurity: your pregnancy may continue beyond 24 weeks, but you are still very likely to give birth preterm (before 37 weeks). All babies born preterm are at increased chance of conditions such as cerebral palsy, gut problems and breathing problems. Therefore, your baby will be looked after by paediatricians after birth. Your baby's care may be in the neonatal unit in the hospital where you give birth. Sometimes, your baby will need to be moved to a hospital for more specialist care.

What will my care be like if I decide to continue my pregnancy?

If your pregnancy continues, you will need regular checks of:

- Temperature
- Heart rate
- Breathing rate
- Blood pressure
- Your baby's heart rate
- Blood tests: You are likely to be offered regular blood tests. Blood tests are not

always helpful for diagnosing a uterus (womb) infection that can become sepsis or how quickly you may become more unwell. You are usually offered a full blood count (to look at your white blood cell count which is usually raised if you have an infection) and CRP. CRP is a blood protein that rises if there is inflammation or if you have an infection.

- Ultrasound scan: You may also be offered regular ultrasound scans. This estimates the weight of your baby, which is sometimes helpful in planning how and where best to look after you and your baby. It can also be helpful for checking to see if there is any fluid left around the baby.

If you start to feel unwell, have any abdominal pain or cramps, or if your vaginal leaking starts to smell unpleasant or changes colour, it is important to tell your healthcare team straight away as this may be an infection and become sepsis.

What care will be given to my baby?

If you have PPROM before 22 weeks of pregnancy, your healthcare team will discuss your individual plan of care with you. This is discussed in the section above.

If you have PPROM at 22 to 24 weeks of pregnancy, or if you have PPROM earlier and your pregnancy continues to 22 to 24 weeks with PPROM, your healthcare team may discuss with you when to start extra antenatal care. This is to give your baby the best chance of surviving with fewer complications. This care is usually from 23 weeks and includes:

1. **Place of birth**: you may need to go to a more specialist hospital where they have expertise in caring for very premature babies.
2. **Antibiotics**: giving you certain antibiotics may reduce the risks of your baby developing health problems, for example with the way their gut works. If you go into labour between 22 and 24 weeks, your team will need to discuss with you whether to give an antibiotic drip.
3. **Steroids**: giving you 2 doses of steroids will allow this medicine to cross the placenta and reduce complications for your baby such as with their lungs. Steroids are most effective when given within 7 days of your baby's birth and so your team will discuss with you the best time to have this medicine.
4. **Magnesium:** this drug has been shown to reduce cerebral palsy in your baby if it is given to you after 24 weeks and around the time of birth. It is not proven before 24 weeks and so the timing of the medicine will need to be carefully considered with you and your team.

What should I look out for if I go home?

You will usually be advised to stay in hospital when the diagnosis of PPROM before 24 weeks of pregnancy is first made, as the first few days after PPROM is the most likely time for your labour to start spontaneously.

After some time, if you remain well, you may be offered the chance to go home and to come in regularly for checkups. Before you leave hospital, your team should check you have the contact number for any concerns or questions. It is important at home that you look out for symptoms of infection including just feeling generally unwell.

You should call your healthcare team straight away on the number they have given you if

you:

- Are feeling hot and cold and/or shivery
- Have abdominal pain or cramps
- Feel that your baby's movements have changed
- Have unpleasant smelling vaginal leaking, or vaginal leaking that has changed colour, for example, green
- Have vaginal bleeding.

If you feel like there is something in your vagina – this could be a cord prolapse [link to above definition]. It is advisable not to try and touch the cord, and to call 999 for an ambulance.

Although there is no specific medical advice, the following may be sensible:

- wear clean cotton underwear, change pads regularly (while awake)
- do not put anything in your vagina, for example tampons and special washes
- do not have penetrative sex
- do not go swimming
- showers are safe, it is not known if women should avoid baths after PPROM.

There is no research to suggest that bedrest improves the chances for you and your baby after PPROM. You should make sure you are moving around during the day as bedrest increases the risk of other problems, such as blood clots in the legs.

What is the right time to give birth?

Your healthcare team will discuss the most appropriate timing of birth with you depending on your individual circumstances and preferences. You will always have the chance to ask any questions you have about your pregnancy and about preparing for birth.

There is no strong evidence for the right time to give birth for PPROM before 24 weeks.

For some women with PPROM before 24 weeks who continue their pregnancy after 24 weeks, there is no strong evidence for the right time to plan birth. The information below gives a summary of what your healthcare team may recommend.

Women who have PPROM are more likely to need help birthing their placenta than women who have not had PPROM. Some women may have to go to the operating theatre to have their placenta removed. This involves you having a regional anaesthetic [to add to glossary] and a doctor removing your placenta through your vagina. If this happens to you, your healthcare team will explain the process in detail.

Before 22 weeks:

If birth happens before 22 weeks, your healthcare team is likely to advise a vaginal birth as this is safer for you. After your baby is born you may be offered a tablet to stop your breast milk coming in. It is your choice whether to accept this and your healthcare team can discuss it with you.

From 22 weeks:

The safest way to give birth between 22 and 24 weeks has not been well studied, but overall, caesarean birth is not recommended. Caesarean birth may have more risks to

your baby compared to a caesarean birth towards the end of pregnancy because of the PPROM.

If you are in labour, you will usually have 1-1 care by your midwife. You will have all the usual choices of medicine to help with the labour pains such as gas and air, injections or an epidural. For more information on pain relief during labour, see: labourpains.org.

The paediatric team will be told when you are in labour so that they can be present at birth to take care of your baby straight away, if you have agreed this with your healthcare team. After you give birth, they are likely to request that you express some breast milk.

The first milk you produce after birth is called colostrum. If you and your team have agreed on full care for your baby, they will advise you to give this to your baby within 6 hours after their birth. It is really important for development of your baby's guts and should be discussed with you before you give birth, if possible.

If your pregnancy continues beyond 24 weeks, please see NICE information on Preterm labour and birth.

How will I be cared for if I decide not to continue my pregnancy (have a termination)?

After discussion with your healthcare team, you may decide not to continue your pregnancy. In most hospitals, the process of giving birth to your baby vaginally is generally recommended. This is to do with recovery time after this pregnancy, as well as being able to offer the usual choices around birth in a future pregnancy.

It is normal to feel anxious about what will happen – you should have 1-1 care by your midwife and you will have several options of medication to help with the labour pains. For more information on pain relief during labour, see: labourpains.org.If you are becoming unwell, and your healthcare team has advised a termination for a medical reason (TFMR), it may be recommended that you have some medicine to help start the process of labour straight away. There is a chance your baby will be born with signs of life. If this happens, your baby will be kept comfortable until they pass away peacefully.

What mental health support is available for me?

Being told that your waters have broken before 24 weeks of pregnancy can be very distressing. If you are feeling anxious or worried in any way, please speak to your healthcare team who can answer your questions and help you get support. The support may come from healthcare professionals, voluntary organisations or other services. These services are available if you are feeling anxious with the diagnosis of PPROM, if you are continuing with the pregnancy or not, or if you have been advised to have a termination of pregnancy (TFMR). Further information and resources are available on the NHS website:

https://www.nhs.uk/conditions/stress-anxiety-depression/

How will PPROM affect any pregnancies I have in the future?

If you have had PPROM in one pregnancy, then you have a higher chance of it happening again in a future pregnancy, compared with someone who has never had it before.

After you give birth, your healthcare team will arrange an appointment with you to go through what happened and answer any questions. They will give you advice about extra care that will be offered in your next pregnancy.

Physical examinations

The nature of gynaecological and obstetric care means that physical examinations are often necessary. This may involve an examination of your abdomen or an internal examination of your vagina.

We understand that for some women, including those who have experienced trauma, physical or sexual abuse, such examinations can be very difficult. Your healthcare professionals are there to provide kind and personalised care to you. If you choose not to be examined, they can discuss alternative options with you.

After explaining to you about the physical examination you are being offered, your healthcare professional will seek your consent. You should always be offered a chaperone. This could be a partner, family member, friend, support person or another healthcare professional.

If you feel uncomfortable, anxious, distressed or in pain at any time before, during, or after an examination, please let your healthcare professionals know, as they are there to support you.

If you find this difficult to talk about, you may communicate your feelings in writing or with the support of someone you wish to accompany you.

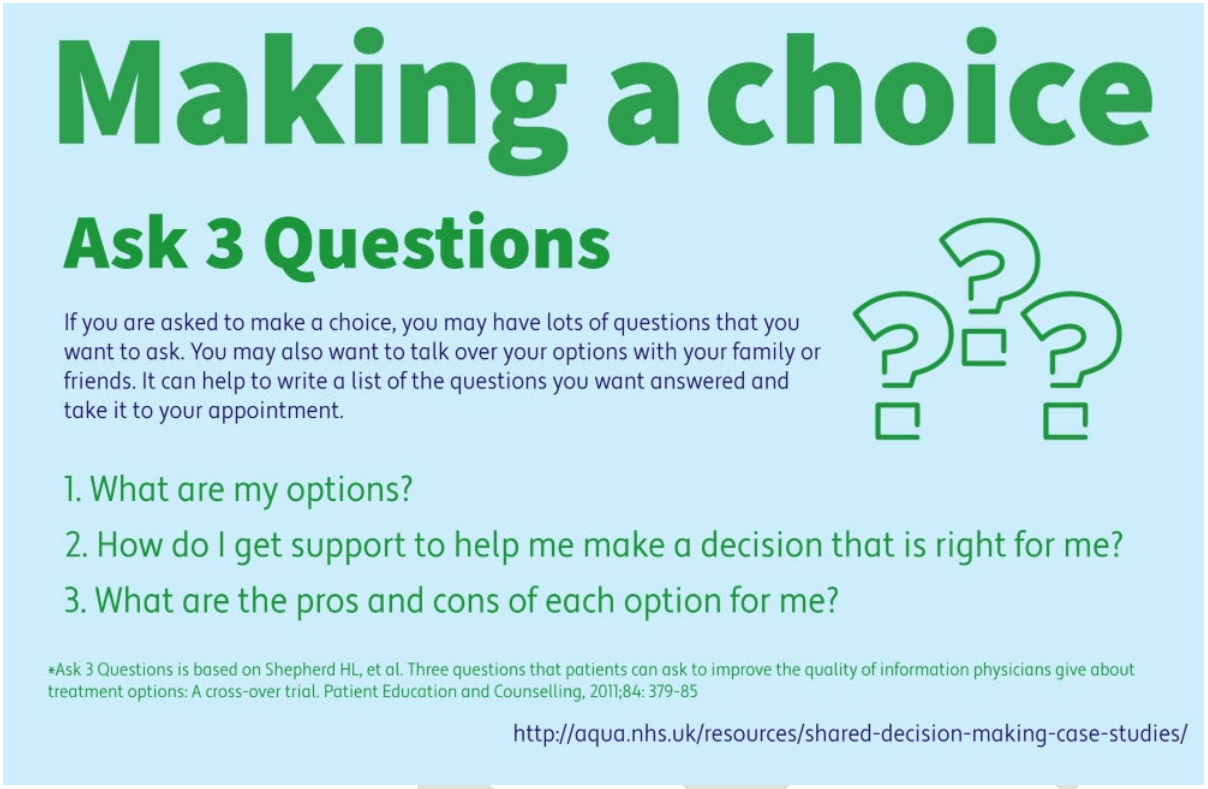
You can ask your healthcare professional to stop at any time during your physical examination.

Further information

NHS Choices: www.nhs.uk/pregnancy/labour-and-birth/premature-labour-and-birth

- UKOSS study on PPROM before 23 weeks: bmjmedicine.bmj.com/content/3/1/e000729
- British Association of Perinatal Medicine: www.bapm.org/resources/80-perinatal-management-of-extreme-preterm-birth-before-27-weeks-of-gestation-2019
- A full list of useful organisations (including the above) is available on the RCOG website at: www.rcog.org.uk/en/patients/other-sources-of-help

Making a Choice



Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG Scientific Impact Paper **Care of Women with Preterm Prelabour Rupture of the Membranes Prior to 24^{+0} Weeks of Gestation (June 2025), which contains a full list of the sources of evidence we have used.**