

 瑪麗醫院 QUEEN MARY HOSPITAL	<b>Department of Obstetrics and Gynaecology</b>	<b>Document No.</b>	<b>OGO0008(I)-E</b>
	<b>Subject</b> Information Sheet for Prelabour rupture of membranes (PROM) at term	<b>Last review date</b>	<b>Sept 2017</b>
		<b>Next review date</b>	<b>Sept 2020</b>
		<b>Approved by</b>	<b>Obstetrics Team, QMH</b>
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What is prelabour rupture of membranes (PROM)?

- Prelabour rupture of membranes means the water breaks before onset of labour.
- It occurs in 5–10% of pregnancies.

What will happen after PROM?

- About 70% of women at term will go into spontaneous labour within 24 hours of rupture of the membranes. Infection is rare but the chance of infection of the womb and of the baby gradually starts to increase 24-28 hours after rupture of the membranes. However, baby may be admitted to baby unit for observation if membranes are ruptured for more than 24 hours upon delivery.

What can I do now?

If there are signs of infection of the womb or other factors necessitating an early delivery, immediate induction of labour is recommended. If there are no factors necessitating an early delivery, we would still recommend induction of labour early because it has been shown that early induction will not increase the rate of caesarean and instrumental delivery but can reduce maternal infection and may slightly reduce infection of the newborn.

What is “induction of labour”? Is it dangerous?

- “Induction of labour” is a process to artificially bring about the onset of labour.
- A drug (oxytocin) will be given to you through an intravenous line. This will cause the uterus to contract. The dose of the drug will be adjusted until optimal uterine contractions are achieved.
- During the procedure you need to fast. We shall reserve blood in case you need caesarean section.
- We shall closely monitor the induction process. In general, this is safe for you and your baby. There is a small chance that your womb will be hyperstimulated by the drug, leading to transient distress to the baby. There is also a very small chance that the womb may rupture, especially in women who have had previous deliveries. If induction fails, you will need a caesarean delivery. However, the chance of requiring a caesarean delivery is no higher than if you wait for spontaneous onset of labour.

Do I have an option?

Yes!

1. You can wait for spontaneous onset of labour today. If you do not go into labour by tomorrow morning, Labour will be induced.
2. Undergo induction of labour today.

In general, we do not recommend induction in late afternoon or night time when the staffing level is low because of the need of close monitoring during induction and delivery. However, when there is an urgent need for induction, it can be done any time of the day.

What is my decision?

I fully understand the above information and would like to (please tick):

- [  ] 1. Wait for spontaneous onset of labour today and to consider induction if I am still not in labour by tomorrow morning.
- [  ] 2. Undergo induction of labour today.

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