



Expectant Management for PROM – Consent

Premature rupture of membranes (PROM) is when your water breaks before labor starts. About 60-90% of all women begin labor on their own by 24 hours. You may choose to wait up to 24 hours after your water has broken to see if labor begins on its own, this is called “expectant management”. Benefits of expectant management may be less use of medications to start contractions. You may also choose to use medicines to induce your labor. The American College of Obstetricians and Gynecologists’ (ACOG) guidelines recommend medications to start labor.

Studies have shown that:

- There is no increased risk for cesarean birth (a “c-section”) or the use of forceps or vacuum assisted birth with expectant management or induction of labor.
- There is a small chance your baby may need antibiotics to prevent an infection (1% versus 2%) following expectant management. If there is a need for antibiotics, this would mean an IV in his/her arm and potentially some time away from you after the birth so he/she can be cared for in a special nursery. There also is a small chance of an allergic reaction to the antibiotics.
- Your labor and time from when your water breaks until your baby’s birth may be shorter if you use medicines to induce your labor.
- There is an increased risk of having an infection in the bag of waters (4% versus 8.6%) or an infection in your uterus (3% versus 4%) if you wait for labor to begin on its own.
- The risk of infection in the bag of waters increases when you have several vaginal exams, especially before your contractions start. We will NOT check to see how dilated you are until you are in labor. If you develop an infection in the bag of waters, we will give you antibiotics through an IV in your arm and your baby will have a blood test after the birth to make sure he/she is not infected.

You and your provider have discussed different options for PROM which include using medications to start labor (induction) or waiting up to 24 hours for labor to start on its own (expectant management). You understand the ACOG recommends using medications to start labor to reduce the risk of an infection in the bag of waters, an infection in your uterus, and/or your baby needing antibiotics. Advantages of expectant management include the possibility of less intervention and less need for Pitocin (the drug used to start labor). Having discussed the risks and benefits of expectant management with your provider and having had an opportunity to ask any and all questions, you have stated you understand the risks and potential benefits and opt for expectant management.

I, _____, am choosing expectant management.

I understand the potential risks and benefits of waiting for labor to start on its own.

My bag of water broke at: _____
(Date) (Time)

I will return to Labor & Delivery (L&D) by: _____
(Date) (Time)

Patient (PRINT name) Signature Date Time

Provider (Print name) Signature Date Time

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DISCHARGE CHECKLIST (FOR NURSES)

- ☐ The patient has a copy of, has read, signed, and understands the PROM consent form
- ☐ Patient is afebrile. No maternal or fetal tachycardia
- ☐ Vertex presentation confirmed by sonogram
- ☐ Reactive NST
- ☐ Clear amniotic fluid
- ☐ Patient has at least 5 prenatal visits
- ☐ Patient has demonstrated compliance with prenatal care
- ☐ No previous history of invasive neonatal GBS disease
- ☐ No GBS bacteriuria or GBS+ culture during this pregnancy
- ☐ Patient has a place to go that is safe, comfortable and has a working telephone
- ☐ There is someone who will be with the patient and transportation is available
- ☐ Patient has a thermometer and knows how to use it. Patient will monitor temperature every 4 hours
- ☐ Patient evidences understanding of risks, danger signs, and her responsibilities