(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Good day, everyone. Maryn here with a really important topic today just like always. It's always an important topic day. Today we are talking about—let's see. How many different ways can I say this? Rupture of membranes. That's really technical. Waters breaking. Waters opening. Waters releasing. Amniotic sac releasing. PROM. That would be the acronym for—well, a lot of things. We're going to get into that. So keep listening because this is a really big topic just because labor doesn't look the same way fro every woman. And it doesn't look the same for the same woman different labors, different babies. So if you haven't experienced waters opening in the labor process or before the labor process, then perhaps you'll want to listen to this one. And if you have, you'll probably really want to listen to this one. You'll probably be wondering maybe if you missed anything or what you could have been watching for or maybe how you could have avoided intervention unnecessarily.

So my interest in this topic, obviously, comes from the fact that I love birth and I love midwifery and I love educating women and helping empower them to make the best choices for them. That's all pretty obvious. But I have some very personal interest in this topic of waters opening. That's my term of choice before labor begins. I, myself, am a PROM baby. My mom's waters released at 34 weeks. And I was born shortly after. We're not going to talk too much today about preterm releasing of the membranes. But that was my personal story. That's how I came into the world and probably why I'm so interested in this topic. And probably why I see it here and there or hear about it maybe more than the average person just because it's my karma in this life. I don't know.

So that was my own birth story 37 years ago. And my first birth—my daughter—my first baby that I birthed myself—she's 12. And that labor started with releasing of the membranes. Isn't that interesting? I don't know how many of you have thought about the parallels between your own birth, how you came into the world, and the first time you gave birth. But I have many parallels in that story. And I was 37 weeks with my daughter, so she wasn't quite as early. Thank God. But I wasn't in labor. It was a releasing of the membranes, and the waters opening without labor. And that turned into a hospital induction. So hoping to help people avoid unnecessary hospital inductions whenever possible.

And then most recently, I got another chance to experience rupture of membranes before labor. And that was my last baby. She just turned 1. So about a year ago, I was actually closer to 41 weeks. And my waters released for real. So we're going to talk about sort of the various ways it can look. Sometimes it's just a leak. This was for real. What we call a frank rupture in textbook terms meaning there is no wondering what it was. It was for sure the amniotic fluid releasing. It was an enormous amount of fluid. And this being my seventh baby, you'd think I would know better, right? Researching these topics and walking with women myself, you'd think that I would know better that that didn't mean that birth was necessarily going to follow super fast. And it didn't.

So with this last baby, my waters released at 41 weeks. And I didn't birth her until 24 hours later. So that's my own personal story as far as this topic goes. As I've walked with women over the last 10 years, again, I think I've seen more than my far share of rupture of membranes before labor. And, again, I think it's partly a karmic thing as I continue to work out my own issues and/or I feel like I'm a good support for a lot of these women because I've been through it. And there's no use freaking out. There's things to look for, and things to think about. But no use running to the hospital unnecessarily.

So in my own work as a birth attendant and a former midwife, I've seen all kinds of variation on this topic. So as early as a 28-week rupture of membranes that wound up being a pretty fast hospital birth—no infection or anything like that. I don't know that the cause was ever determined. 34 to 35 weeks and have seen those as home births that were successful and healthy. I've seen rupture of membranes at term kind of like my own seventh baby and have had it take awhile. I have seen infection with rupture of membranes. And I've seen women whose waters have opened, and it takes a week to birth. Oh, and as a student, I remember someone whose waters opened in the second trimester and resealed and had a term baby. And then there was actually another one too now I'm remembering all these stories. Someone else whose waters opened when I was a student in the second trimester. And she held on for a couple weeks and then still had a preterm baby.

So oh my gosh. So many variations. I guess the most common way that it looks—if there is such a thing at least in my world right now—home birth—and yours if you're of that group—is the waters don't generally release until a woman is in really good labor. And for many of us, it doesn't—the waters don't open until the baby is actually coming. And then, of course, there is the percentage of babies that are baby in the amniotic sac, and that's called born in the caul. And those babies never break the amniotic sac until they're out, and then we have to peel it away. So just to be clear that that's sort of the most typical thing we see with healthy women and healthy babies. That sac, the membranes, are made to protect the baby in utero. They are made to keep the baby safe and away from germs. So it only makes sense that in best case scenario it doesn't

happen until the baby is really ready to come. But, again, today we're talking about sort of the other situations in which this occurs.

And I want to talk about just some things today like what are people actually afraid of. And I think most important if this is you—you're planning an unassisted birth perhaps, or you're planning a birth at home with a midwife to really be aware of the political factors involved in having waters opened and no labor. And for you to decide if this is you, is this normal? I'm not somebody that thinks everything is normal. And if you listen to the podcast on breech, you'll hear me say that again and again. Some midwives or some people, I should say, believe that breech, for example, is a variation of normal. And I think that this is a similar topic in that it can be. Very much rupture of membranes before labor can be just variation of normal for this woman and this baby. But it may not be.

And so I don't treat everything as being normal. But it can be. And that's why we're all different people. And that's why rules and regulations around birth really don't help anybody. If they do, they help—they don't help as many people as they harm. So, again, it really comes back to your own personal situation, and that's why we're going to talk through some risk factors and some other things to look for because if you did happen to be the very, very small percentage of people that had rupture of membranes because your baby was sick, then for sure. That would not be normal. That would be something you would want help for.

So in a normal, healthy situation, what are we actually talking about here? Rupture of membranes or waters opening or the million of other names I've already said really consists of that really strong amniotic sac, which, of course, is in the uterus, and the baby is inside the sac. Kind of like a water balloon. Now it's a double layered sac. So there's two layers. The amnion. And that's closest to the baby. And the chorion. And so the baby is really protected. And if you get the chance to feel an amniotic sac after your baby is born when it's attached to the placenta, feel it. Because it's really amazing. It's strong. It's kind of like saran wrap, if you pull it.

So that's the idea is for the amniotic sac to remain strong to keep the baby safe inside. And really for it only to open in most circumstances when the baby is getting ready to come which makes perfect sense. So when we talk about it especially when it happens before labor, people freak out. And I think it's largely like many of these things a cultural myth. So how many movies and sitcoms can you cite that start with someone's waters breaking, right? In a grocery store. Or whatever. And within two minutes of this sitcom, the woman is in groaning through a contraction, and the baby is starting to come. We have this myth that waters opening means birth when that's not what it always means. And it sets people into a panic. And, again, I think that's just a myth. It's just cultural

thing we've become obsessed with. That we're afraid of our waters opening and how embarrassing and I don't know. There's all kinds of things that come with it.

And I think for sure it's just how we talk about it. So on purpose, I try to give you all the different ways to say it because I think it really matters what words we use. And so rupture of membranes. How awful is that? How awful is the word rupture in this context, right? And how awful is the word breaking? That's just as bad as rupturing. So, again, lots of ways to say this that communicate that something is wrong. Something is off. Something is broken. And I just want you to reconsider and look at your own situation and realize that that may not be the case. So you've heard me say already waters opening. Waters releasing. And I personally prefer those terms. Sometimes I slip up and say waters breaking or whatever. Or talking to a bunch of midwives and get more clinical in our speak. But when referring to an actual woman with an actual baby especially if it's someone that I'm supporting or maybe a good friend or whatever I try to be very careful with my words especially in this situation. I don't want to communicate that anything is broken or wrong before we have any proof of that at all.

So along with the wording and the idea of being broken is just one way that we are seen as broken in the normal process of birth. Come with this the political issues and risks. Now I have to talk about this because women have no idea. And let me give you an example. So many women here may hire a licensed midwife or a CNM—someone that they think will attend them at home holistically. And you've probably heard me say this before because I come up against it all of the time. Women hire licensed midwives, and these are their words. They say, "I thought I was getting holistic care." Now I don't know what holistic means to each and every person that says it. But I know what it means to me. And it means following the path of nature. It's not medicine. But many of these midwives, again, because they are licensed by the state—and I would know because I was there are practicing medicine just by default because the rules and regulations put them in a box where they're not able to practice true midwifery. They're not able to be holistic. They are practicing medical care.

And so how does this affect a preterm or not even preterm—a prelabor rupture of membranes? Well, it very much affects it. And this is what women don't realize when they're happy, healthy six months pregnant. They don't even think about the fact that at 40 weeks if their waters open and their waters stay open for maybe more than 12 hours without labor their midwife will either (a) induce them with castor oil or herbs and/or (b) transport them and/or (c) transfer care completely. So not just bring them to the hospital and accompany them but (c) we're done here. I can't help you anymore. You must transfer to a doctor care.

So look closely at your rules and regulations, if you're someone that's hired someone that has to follow them because the protocol around rupture of membranes is very tight. And I remember, again, back 12 years ago when my waters opened I was seeing a doctor. He was really old school and gave me—and that's in quotes—24 hours before they induced me with Pitocin. And that was very, very open minded really. And funny enough, I think that was because he was old school. More recent days and newer doctors and newer midwives the fear has increased for sure. So I think back in the day it was more like, "Okay. Well, waters are open. Labor will start sometime soon." But now it's not that way. It's very much a panic. And I see midwives here going even crazier with it than doctors do. In fear of transporting a woman whose waters have been open for quote on quote too long.

So you can either lie about that, I suppose, if you were to transport because they do not like hearing that they have been open for 12 hours even. And if the regulation, for example, is they can only be open for 24 hours before birth then many midwives especially here will insist on labor at 12 hours because they're giving themselves that buffer zone of if you transport then how long will it be at that point. And there are different rules from hospital to hospital, from doctor to doctor, from state to state, from midwife to midwife. And, again, some of the rules are around how long it can be until labor starts, and some rules are more around how long until the baby is out. And that one is really rough, right? Because we don't know how long labor is going to take. So what if the waters are open for 24 hours before labor starts? Women planning home births don't even have a chance. They didn't meet the requirement. They haven't even gone into labor yet.

So it's very, very relevant if you're planning that sort of birth with that sort of person to be aware of the issues surrounding it. And, again, to really be clear on this issue and to what it might mean for you if you find yourself in it. Because, again, if it were something that you needed medical help for then that would be different. So how would you know if amniotic fluid was coming out of you? I think that's a really common question. I hear it all the time or even see it on online groups. Excuse me for a minute while I shift my chair here. Women wondering. And these could be women planning free births. So it's not that they're looking to tell anybody, but they're curious. Like what is this fluid coming out of me? Does this mean anything? Is this my amniotic fluid? Are my waters broken? And then, of course, you kind of can't help yourself. And I can say having been there that then your brain has a billion other questions. Does this mean I'm in labor? Does this mean the baby is coming? What if the baby doesn't come? So, again, I won't lie. I'm part of the cultural myth as well even though I've done a good deal of education and empowerment on my own to kind of remove myself or to be aware of the issues. I won't lie. There's still a part of me, probably from my own birth, that really does have to stop and think through these things too and not just panic.

So how would you know? Amniotic fluid does have a smell. So if there is enough fluid to get in a place like a pad or a piece of clothing, it does have a smell. And it should smell fresh and not foul. So that's a good rule. And generally is clear. And that's another thing to look for, of course, and that's visual. But the smell, I always think kind of smell likes bleach. Fresh amniotic fluid smells like bleach. We confuse it often—many of us do—with urine. And I can't tell you how many women I've walked with that call and say, "Oh, there's some kind of fluid. I think it's my waters." And gosh, if that's at 28 weeks, it's kind of a big deal. Preterm rupture of membranes is a much bigger deal in my mind. So yeah. You do want to figure it out. And ideally, you don't want to do anything internal to really get up there in the body and risk infection. So smell is a very, very reliant way, I've found, to figure that out.

So urine smells like urine. And I remember learning from one of my teachers years ago that you can blow dry it. And that if it's urine when it's dried, it will really smell like pee. It will smell more like ammonia. And if it's amniotic fluid, it won't. And, again, so many women will insist, "There's no way it could be pee. I would know if I peed." And all I can say is it happens to the best of us especially at term, especially when we're due to have a baby. It happens a lot. A lot more than you might think. Women that are completely body aware, completely connected, don't realize that some urine has escaped them. And so it's easy to think that everything is amniotic fluid. And that's not mean to sound insulting. When you have a baby down there pressing on your bladder, it can happen involuntarily. So smell, for sure, is one way.

You can get pH paper and attempt to get something on pH paper. And the pH of amniotic fluid is pretty alkaline. So that would be up there on the pH scale like 7 maybe. Turn the baby blue. And the only exception that might confuse you is semen is also alkaline. So if there is a possibly that that's what it is it's also going to turn the paper blue, and then you'll be really confused. So those are some ways to know if that might be happening to you. Now it can manifest in so many different ways or at least a couple different ways. The first and most confusing is a leak of some sort. So, again, could be urine. You really don't know especially if you're due to have a baby. And a leak, even if it is amniotic fluid, even if you confirm it's amniotic fluid, may seal. The baby's head may come down further, and you won't leak anymore fluid. The fluid could have come from between the two amniotic sacs, the amnion and the chorion. In which case, the membranes are not open. They are not ruptured. They are not broken. So you see how you can totally jump to conclusions here in a negative way and think your waters are open. You start the clock. Your midwife is on alert. Gosh, what if you wound up transferring to the hospital, and you didn't actually have your waters open?

And there's no way to know for sure what is going on exactly because we can't see. So if the fluid came from between two bags and then stops, we don't really know if that's what happened or if the baby's head sealed it and it was a leak happening in the

amniotic sac. Or heck, maybe it was what they call a high leak, and that happened way up in the amniotic sac. And then, again, the baby's head sealed kind of the cervix. Not really sealed but corked maybe is a better word. And then the fluid stops leaking. So, again, there is no hugely definitive way other than the pH paper perhaps or a nitrazine swab. And a nitrazine swab is essentially the same thing. There are fancier tests at the hospital, but that's kind of a different conversation in the sense of I think waiting to see what happens. And when we talk about fears, which we'll get to next, it's really the fear of infection. So I say if you feel like you have an infection—you're sick. You have a fever. Your baby is not moving well or any of those things regardless of if your waters are opening then that is the time to seek medical help, right?

So in a way, it doesn't—this all is fears of infection don't rest solely on the membranes opening. They rest on other signs and symptoms and the bigger picture. So women planning hospital births though, for sure, may arrive at the hospital not in labor thinking they're leaking fluid. And then they can use these fancy tests. And for sure, women planning home births, for example, that may think they have some kind of leaking going on may choose to go to the hospital if they're like 28 weeks to see if that's what's going on. So whether you watch and wait or wait and see is up to you. And, again, a combination of lots of different things. It's always looking at the whole picture to determine what's going on. But because I've been there personally with the, "Oh my gosh. I'm leaking fluid. Let's run to the hospital," I would definitely advise most women to not do that. At the very least, to just take a deep breath and consider the options and look at all the facts. That was my first. My waters opened at 37 weeks after an internal exam that I had consented to at the doctor's office. It happened a couple hours later when I was home. And yeah. It's almost embarrassing but not because this is my story that we literally ran to the hospital. I wasn't in labor. And yeah. That wound up with an induction. So I wouldn't recommend that.

Let's see. Where are we? So, of course, you probably all know that the major reason you wouldn't run to a hospital in any case even if you are planning a hospital birth, I think, with a possibility of leaking fluid is that you don't want an infection. That's what everybody is scared of, but nobody is putting the facts together and figuring out how do we get an infection if our waters are open. Now it's true that if the membranes are really torn or open or broken or whatever you want to say that the possibility of bacteria getting up into the uterus, it could happen. But for that to happen, the membranes would need to be open and (b) there would need to be something that introduced the bacteria up and in because bacteria doesn't just run up your cervix into your uterus on its own. It needs a carrier.

So cervical exams. Worst thing you could do for yourself, on yourself. Worst thing they could do to you at the hospital, if you went there with suspected rupture of membranes. It is a risk that is not worth taking because of what I just said. If there is any bacteria,

it's going to push it up and in there. And so if you didn't have an infection, pretty good chance you didn't especially if you're at term, you may wind up with one. So it's kind of ridiculous. It's absolutely creating the problem that they are hoping to avoid. So there is evidence to go with that. Evidence says that induction as well with prelabor rupture of membranes causes more infection. And that's probably because with induction comes vaginal exams. And a study done in 1983—I don't know if I'm saying this correctly. Schutte. This study showed that women who had prelabor rupture of membranes for more than 24 hours before birth showed more infection. But—and here's the big but. Once they removed internal exams from the calculation the relationship between time and infection disappeared. So, hopefully, that makes crystal clear sense to you. It's super important. It's one of those factoids you want to be like putting on billboards or something.

That the risk of infection with waters open is virtually none without vaginal exams. So that is a fact. That is a proven fact. And, again, the absolute problem they're trying to avoid is one that is being created. So if you even suspect that your waters have opened or leaking, really best to not go up and in there unless you determine that is just absolutely necessary for some reason. So the acronym PROM stands for a couple things. Today we're really talking about prelabor rupture of membranes. And that will happen—let's see. What is the statistic? My statistics are not making really good sense to me on this page that I did notes on, so I'm actually not going to go into them. The one that does make sense right here is that it'll be 10% of pregnancies. Oh, okay. That makes sense. So we're talking prelabor rupture of membranes. We're not talking about premature rupture of membranes, which is another way that you can interpret the acronym PROM. But with prelabor rupture of membranes, we're assuming the woman is at term. And that'll be 10% of all term pregnancies.

And then there is some statistics about preterm labor. 1 to 3% will be preterm. But in that case, the acronym really means premature rupture of membranes. So little confusing there because we're talking about a couple different things really. So PROM, again, right now, today, pretty much we're talking about prelabor rupture of membranes. But what does that mean when you're at term anyway? Prelabor. Many women when their waters open at term—they don't even notice they've been having contractions. And who is to say, right, if they were or weren't? So to say it's prelabor may not be true at all. It's just a label. I would say many women at term have something labory going on. And then their waters open. But I'll agree that a smaller percentage—they're not fully in the birth process yet meaning the baby isn't on its way out. But, again, to labor at—to label it prelabor is misleading as well because we just don't know. We don't really know her labor process. And we really can't quantify her labor process. But, again, we're just talking textbook definitions here.

And, okay, the one where you're not really talking about is what I already said. Premature rupture of membranes. And that would be kind of two definitions. So maybe really far before labor. So in this case we're not really guessing about the labor process. We, in hindsight, call it premature rupture of membranes because she didn't go into labor and have the baby for a couple days maybe. So that would be considered premature rupture of membranes. Basically, waters opening. No labor at all, to speak of for awhile. That's my clinical definition.

And then there's one more. Hold on. PPROM—PPROM or I don't know how people say that. But that's premature prelabor rupture of membranes. Does that make sense? So that's like premature baby opening of waters. And that means that, hopefully, labor doesn't follow because it's very, very early. And that would not be a good thing. I have heard people refer to, again, the PROM acronym—sort of the one where we're going with today as prolonged rupture of membranes. And that's maybe one of the clearer ways to say it actually because then that kind of gets rid of that prelabor discussion. And is she in labor? Is she not in labor? Just prolonged rupture of membranes. And that could be many different scenarios.

So those are the couple acronyms. And not to be confused with a couple more that we're not really going to talk about today which is AROM, which is artificial rupture of membranes. And that's when someone's waters are broken. And in that case, I do use the term broken because they're artificially opened. And that can be done by a amnihook or some kind of tool or device and/or a person and/or the woman herself. Yeah. And then finally there's SROM, or SROM, and that's spontaneous rupture of membranes. And that is sort of the ideal perfect scenario. That's just when the waters release when the woman is really, fully in labor, and the baby is coming. And that is perfectly natural.

So, again, preterm or no. Prelabor or prolonged, whatever term you prefer, rupture of membranes, that's what we're talking about today. And at term. That's mainly our focus since most situations that I talk about are really the normal and healthy variation. So is it normal. And again this is a question you need to weigh for yourself? It may or may not be. The definition of term, as you probably know, is 36, 37 weeks of pregnancy depending on where you look. Now is releasing of the waters at 36 weeks normal? I have no idea. It really depends on everything else. The woman's history. Her risk factors. Does she eventually go into labor or does she not? Or does labor follow really fast or not? So, again, look at all the factors. So here are some risk factors. I almost hesitated to talk about this list, but I think it's important. However, the reason I hesitated is because, again, in the normal healthy situation this isn't pathology, right? So if we talk about risk factors, it makes it sound like something went wrong, and someone at risk that's not necessarily a positive connotation.

So we're going to talk about risk factors. But just keep in mind that a woman at term who has her waters open may not have any of these risk factors. There's probably nothing wrong or strange. But here are some ideas if you're somebody that has chronic preterm releasing of membranes, or there is some reason for you to be concerned. So nutrition is the number one factor. Most people think that makes perfect sense. So we're talking enough calories, enough protein, enough salt, enough fluid, good, healthy food. Enough. Enough. Enough to grow a healthy baby, a placenta, and strong, healthy membranes.

Women who have sort of a chronic case of their waters opening early especially preterm have often lower vitamin C levels. And from the research that I've looked at, it's more that they're probably not absorbing very well the vitamin C. So to supplement tons of vitamin C pills, for example, may not make a woman less at risk. In fact, it may put her more at risk. But we do know that women that have a chronic rupture of membranes problem most definitely have lower vitamin C levels. Other risk factors would be smoking weakness the amniotic sac and increases a woman's need for vitamin C. So those two things are kind of the same or at least related. And stress. So those are some just nutritional ideas that might weaken, again, the amnion and chorion. Internal exams, as I mentioned earlier, is a risk factor.

Now I really do think they probably—that isn't the only thing going on, and I can say that. And I was one of those women at 37 weeks who consented to an internal exam and then had waters opening a couple hours later. I do blame it on the exam largely, if I'm in the blaming mood. But then the other part is I accept the responsibility for nutrition. That my nutrition probably could have been a lot better. And then a normal, healthy woman with great nutrition wouldn't have her waters open just from a vaginal exam most likely. Incompetent cervix, which is the cervix opening early, and that really doesn't apply to someone at term because incompetent—that's a terrible word too—really is only a label for a premature opening of the cervix.

Infection. That's another biggie. And that can be really obvious with an STI or something that the woman is aware of or has been exposed to. Any kind of infection can weaken the amniotic sac. But the less commonly known infections are very common. And by that I mean yeast infections or bacterial vaginosis. Now that doesn't mean that everybody with a yeast infection, which are super common in pregnancy, are going to have rupture of membranes before labor or preterm. It doesn't mean that at all. It just means that we know that when the vaginal flora is disturbed or not in balance that, again, we're more at risk for the rupture of membranes. So it's just something to think about, again, if this is a chronic problem for you.

And then finally polyhydramnios, which is another podcast. And that is a more complicated condition in pregnancy where there would be an excess of amniotic fluid.

So, again, is it normal for you? Or is it not? If you're at term. Even women at term can have their waters open before labor because of infection. And it's really, really rare, but it does happen. So I think in lots of people's minds it's all about the preterm rupture of membranes. And, "Oh dear. An infection." Yeah. That could be too. But it can happen to women at term. And, again, that's when you would just want to assess your own situation and your own risk factors. I've heard it said—I don't know that there's any research although there might be that if a woman has an infection or her baby or uterus or all of those things have an infection that usually is something that's been developing during a pregnancy. It's not something that one vaginal exam necessarily introduces. The baby usually in those cases has been sick for awhile, and the infection can be everywhere. And that's really, really dangerous.

And in those cases, I've heard it said—and thank god, I haven't witnessed this at all. But that her labor may be really rapid even though it's at term. The baby is still really smart, and the waters open. And it's super, super fast. Again, that does not mean every fast labor has something pathological going on. It's just simply saying that infection is a factor for term births as well. So here is an interesting tidbit. When the waters open at night, like in the middle of the night, gestational age influences how fast a woman will go into labor most likely. So I take that to mean—I could be wrong. But when the waters open at night, that that's more physiological somehow. Like if it's going to happen, then that's sort of the most normal way for it to look especially if the woman is at term.

And that was what happened to me. My waters opened at about 10:00 p.m. with my seventh. And then, like I said, she was born at 9:00 p.m. the next night. Okay. So when the waters open at night, 80 to 90% of those near term—and that was me—will begin labor in 24 hours. So begin labor. In my case, I produced a baby in 24 hours. But just beginning labor. Still that's a huge percentage, right? 90% of women. These are women at term. Their waters open at night. Gosh. Give them 24 hours to at least go into labor. That's considered normal. 35 to 50% of those before 36 weeks will begin labor by 24 hours. And then 10% of those before 36 weeks will take more than 14 days. Now that I think is the ideal scenario in a sense. It would be very hard if you were that woman to probably deal with the thought of your waters opened for 14 days before you birthed.

Not to mention the political controversy surrounding that. The fact that probably nobody would support you at all and you would be completely alone unless you had something else. Some other plan. But because you were before 36 weeks, yeah. The labor may take longer to get started, and that's really pretty protective, I think. So, again, those are just averages. That's just a percentage. Just some statistics. There are many variations on how those things will look which is what makes this a hard topic to really nail down. Again, that's why it comes back to your own situation.

Some other factoids. There's a shorter latent period—and I like to call that the waiting period. So a shorter waiting period when the baby is mature and ready, and that makes sense. So the body is smart. And if you have a preterm baby in there and your waters open, let's hope your body gets the message that this baby isn't ready unless there was an infection or something. If there wasn't, then the baby needs to stay in. The baby is still safer on the inside. So when the baby is more mature, that waiting period is shorter.

And here's interesting fact. Shorter waiting period when there is an infection already present. So, again, I think that makes perfect sense. If there is a real need for the baby to get out, hopefully, the body catches on and does just that. And it's back to sort of that preterm situation again. If you did have waters open at whatever, 32 weeks, 34 weeks, and nothing happens, you don't go into labor. And there's no signs of infection. Then you're probably best to just watch and wait because, as I just said, usually the waiting period is pretty short when there is an infection. But to monitor yourself for infection isn't that hard. So, of course, you would go on how you're feeling. Flu symptoms. The smell of the amniotic fluid. Taking your temperature every couple hours. Doing good immune support. Vitamin C and herbal—whatever you would choose. But, again, just monitoring your own health just the way you would any day of the week.

Okay. Let's see. Let's see. Okay. We've already talked about cervical exams and why that is just such not a good idea. And how we can really eliminate the infection risk at all truly. Almost eliminate it when we don't stick anything up there or allow anybody else to stick anything up there. So those are some facts. Hopefully, you have a little bit more info about what to do if and how to identify if that might be what's going on. But what would you do about it? I think that's a really important thing to consider even if this isn't your situation right now. Only you can decide. So first is did my waters really open? Is that what is actually going on? Is there a way to find out without bringing harm to myself or my baby? If that is what actually happened, then why? Is there a reason why? Is there not a reason why?

When that happened to me, again, this last pregnancy at 41 weeks, it wasn't infection. It was normal. It was normal for me in this pregnancy with that baby. And after you go through the list of possibilities in your head, I think you'll come to either conclusion. So then once you've determined if there is a reason, just you have the list of possibilities in front of you. Either if you're term, either (a) labor could kick in anytime probably within 24 hours. Could be more than 24 hours. If so, then what? And what if you stop leaking completely and you're pregnant another week? I mean that's a possibility too. And there's lots of possibilities in between.

So I think the crucial aspect when you're monitoring yourself for this sort of thing is, again, just what I've already said plus screening yourself for infection. So like we talked about. And then just how is your baby doing? Listen to the baby's heartbeat with a fetoscope. Is the baby moving the normal amount of movements per day at the time that the baby usually moves?

There's all kinds of information that we get about our own babies and our own pregnancies. And I really do believe that in most cases, if there was something off like there was an infection, I really do think that we have the ability to pick up on that without someone else necessarily telling us. Maybe even before we showed signs or symptoms. And, of course, that would be ideal. But just to really tune in to your situation and your baby and your body and ask questions. I personally—and, again, I've been in this situation—would never induce myself naturally or otherwise, if this was my situation. So for sure, if my waters opened at 35 weeks—God forbid—I certainly wouldn't do that. I wouldn't really want the baby to come that early. And then at term, even if I had waited another day before I started labor this last time, I personally wouldn't and didn't do anything. And I just don't believe in that because my body, I believe, is wise, and my baby was taking the time she needed to get in line and get the birth process stated when it needed to be started.

So I think rushing that, even with herbal concoctions or preparations or nipple stimulation or any walking even, why do that? Why wear yourself out? Why give your body something else to do? Just let it go. Monitor yourself for infection. Connect with the baby and just be patient. And, again, that's easier said than done. It's more for people that are choosing this way of being at home maybe with an attendant. Maybe not. For sure, if you're in a hospital situation or if you're in a situation with a midwife that's licensed at home and you make it known that your waters are opened, you will be put on a clock. So not telling anybody to lie but you may want to protect yourself with this information especially if you're not for sure that that's what's going on because you will be put on the clock. And that is not a relaxed way to go into labor at all.

My process with my last baby, Ever, with the waters opening a day before she was birthed was very emotional. I won't lie. And so for the women that I've supported and I hear about that maybe you have days of wondering if the waters are leaking or opening or whatever before labor kicks in, I don't doubt it's a grueling process of on and off being frustrated, on and off resting to prepare for labor, wondering what if. I only had less than 24 hours of that. But it was a very emotional process. You can read my birth story on the Indie Birth site. It's called *The Free Birth of Ever Wild*. And for me, it was very much a reliving of my past. Both my own personal birth that I mentioned at the start of this podcast as well as the birth of my first daughter.

It was sort of an emotional homecoming getting the chance to relive the same birth story really and to do it differently. So I was a 34 weeker in the NICU. My first daughter was a Pitocin induction because of the rupture of membranes. But no. My last one was a similar story to start other than I was 41 weeks. But for me, it was all about trusting. It was all about connecting. It was all about knowing everything was absolutely fine, and this baby would come when she was ready. And it was about healing the past. Healing this DNA, this part of me that wanted to panic and think that there was something else going on when there wasn't. And that part of all of us that thinks someone else knows better or can save us from our own situation when it isn't what we expect.

So I'm really hoping this helped today. I apologize for being a little all over the place with some of the numbers. But you can always email me if you have specific questions or want to know the name of a study I've mentioned. I do my best to make this as legit as possible and not just my thoughts and feelings. So thanks so much for listening. As always, be sure to check out the Indie Birth site for new podcasts, for new webinars, and our five-week online class. And I thank you so much for listening. Have a great day.

(closing music)