

# WHAT IF MY WATERS RELEASE AT HOME?

**T**

**Time.** What time is it?

**A**

**Amount.** Gush, or trickle?

**C**

**Color.** Colorless? Brown or green\*?

**O**

**Odor.** Odorless? Sweet? Foul\*?



***fetal movement***

*\* These are findings you'd want to alert your provider about.*