Appendix 1

Artificial Rupture of Membranes (ARM)

ARM: (Artificial rupture of membranes), also known as an Amniotomy, is the deliberate breaking of the membranes surrounding the fetus in utero

Indications

- Induction or augmentation of labour, with or without a Syntocinon infusion.
- To apply a scalp electrode for fetal monitoring.
- To take fetal lactate/pH.
- Assessment of liquor in presence of abnormal fetal heart rate.

Issues to Consider

Who can do procedure

- Experienced senior obstetric and midwifery staff.
- Junior obstetric and midwifery staff under supervision of an experienced obstetrician or midwife.

Benefits

- Reduction in length of labour.
- When used to augment labour, reduces frequency of oxytocin augmentation.
- Allows assessment of liquor.

Possible Complications

- Cord prolapse.
- Rupture of vasa praevia.
- Fetal heart rate abnormalities.
- Increased risk of infection.
- Increased pain and discomfort for the woman

Precautions

- Vaginal examinations should be minimised after ARM to reduce risk of infection. The number of VE’s correlates highly with the risk of intrauterine infection.
- Amniotic fluid that is sparse or contains meconium is associated with an increased risk of perinatal mortality and morbidity. Amniotomy alone is often inadequate to induce labour.
- Care should be taken when performing an ARM in women who are Hepatitis B or C positive

Performing ARM

- Obtain and document verbal maternal consent
- Take baseline set of observations - Maternal TPR and BP, Contractions: frequency, duration, strength, Abdominal palpation, FHR including CTG if indicated.
- Ask the woman to empty bladder and then to position self on bed with pants and underwear off
- Position woman for procedure - Dorsal position, knees bent, ankles together, and then drop knees towards bed.
- Perform vaginal examination (VE) Note and document findings (Ensure no cord is present.)
- If condition is favourable, perform ARM, preferably during a contraction to minimize chance of dislodging fetal head
- Perform ARM using: Amnihook or Amnicot

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- **Alligator forceps** or other toothed forceps should not be used unless the ARM is technically difficult.
- The practice of obtaining fetal hair to confirm membrane rupture is usually not necessary.
- ARM is confirmed on seeing liquor.
- Assess any change to: The position, consistency, length and dilatation of cervix and station of the presenting part.
- Reposition the woman. Ensure that the woman is left comfortable, dry and covered. Place pad insitu to allow monitoring of loss.
- Check fetal heart rate, Perform CTG if indicated.
- Document procedure and findings
- Continue to observe the woman for onset or progress of labour.