SWEEPING MEMBRANES TO PREVENT POST-TERM PREGNANCY GUIDELINE

1. OPTIMAL OUTCOMES
   • Decreased proportion of woman with post-term pregnancy

2. PATIENT
   • All woman at term with an uncomplicated pregnancy in a cephalic presentation

3. STAFF
   • Registered Midwives
   • Medical staff

4. EQUIPMENT
   • Sterile gloves
   • Lubrication gel

5. CLINICAL PRACTICE
   • Discuss and offer vaginal examination and sweeping of membranes to women as close to their due date as practicable with an uncomplicated pregnancy in a cephalic presentation
   • Perform a vaginal examination and assess the modified Bishop’s score
   • Attempt separation of lower membranes as much as possible from cervical attachment with three circumferential passes of the examining finger. Where the cervix is closed massage the cervical surface with a circular motion.
   • Offer repeat vaginal examination and cervical sweeping where labour does not ensue

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   • Vaginal examination/reaching the cervix is not possible despite consent
   • Discomfort/pain

7. DOCUMENTATION
   • Antenatal Card
   • Integrated notes

8. EDUCATIONAL NOTES
   • Routine sweeping of the membranes reduces the duration of pregnancy continuing beyond 41 or 42 weeks. (Boulvain Cochrane review 2005)
   • The incidence of post-term pregnancy can be decreased by over 10% by routine membrane sweeping (de Miranda 2006)
   • The procedure is well tolerated, although 51% of women judged sweeping to be ‘somewhat painful’ and 17% ‘painful’ or ‘very painful’, 88% of women would choose membrane sweeping again in the next pregnancy. (de Miranda 2006)
   • 31% of women experience minor bleeding after membrane sweeping (vs. 5% of women who experience bleeding anyway) (Boulvain Cochrane review 2005)
   • No adverse effects on the pregnancy have been reported from membrane sweeping

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9. RELATED POLICIES/PROCEDURES/GUIDELINES
   • Induction of labour
   • Obesity in pregnancy

10. REFERENCES