



ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee

20/6/13

ARTIFICIAL RUPTURE OF THE MEMBRANES (ARM)

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To safely rupture the forewaters in a pregnant woman when indicated

2. PATIENT

- A pregnant woman where the lie of the fetus is longitudinal

3. STAFF

- Medical staff
- Registered midwives
- Student midwives

4. EQUIPMENT

- Personal protective equipment (PPE)
- Sterile gloves
- Lubricating gel
- Amnihook/amnicot
- Pinnards or doppler
- Disposable undersheet
- Sanitary pads

5. CLINICAL PRACTICE

- Explain indication for and the procedure, to the woman and obtain verbal consent
- Place disposable sheet under woman's buttocks
- Perform abdominal palpation, determine station of presenting part including auscultation of fetal heart sounds
- Don PPE, wash hands, open amnihook and don sterile gloves
- Time out performed to confirm patient, consent and procedure
- Perform vaginal examination, excluding vasa praevia and cord presentation and confirm station and presenting part
- Place examining fingers through the cervical os, against the fetal scalp
- Introduce amnihook into vagina with hook facing downwards to prevent tissue trauma
- Sweep the sharp end of the amnihook against the membranes to rupture membranes
- Turn amnihook downwards and withdraw from vagina and place in sharps container
- Exclude cord prolapse if increased amount of amniotic fluid
- Note quantity, odour and colour of the amniotic fluid
- Auscultate the fetal heart rate for a minimum of 60 seconds following procedure
- Remove soiled linen and put clean sanitary pad insitu
- Explain findings to the woman
- Document consent and findings on partogram and in integrated clinical notes
- Consult and refer to obstetric team if any concern regarding clinical findings prior to or following performing to procedure including high station of head, presenting part not cephalic, polyhydromes



ARTIFICIAL RUPTURE OF THE MEMBRANES (ARM) cont'd

6. DOCUMENTATION

- Partogram
- Integrated clinical notes

7. EDUCATIONAL NOTES

- Research has shown that there is an increase in abnormal fetal heart rate patterns following artificial rupture of the membranes
- For most women, once labour has been established, it will progress without medical intervention
- There is little data available on the effectiveness of ARM alone in the induction of labour

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Application of fetal scalp electrode
- Induction and Augmentation of labour guideline

9. REFERENCES

- Pairman, S., Tracy, S., Thorogood, C., and Pincombe, J (2010) *Midwifery, preparation for practice*, Elsevier Australia, 2nd edition
- Bricker, L., and Luckas, M. *Amniotomy Alone for the Induction of Labour*, Cochrane Database of Systematic reviews, 2000 (4)

REVISION & APPROVAL HISTORY

Maternity Services LOPs group 18/6/13