

SWEEPING MEMBRANES TO ENCOURAGE SPONTANEOUS LABOUR

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 encourage spontaneous labour and reduce need for induction of labour

2. PATIENT

- Woman who is ≥ 38 weeks gestation with intact membranes, planning a vaginal birth with no contraindication to a vaginal examination

3. STAFF

- Medical and midwifery staff
- Midwifery students

4. EQUIPMENT

- Sterile gloves
- Lubrication gel
- Fetal heart rate Doppler

5. CLINICAL PRACTICE

- Confirm cephalic presentation by bedside ultrasound from 36 weeks gestation
- Consider vaginal examination and weekly sweeping of membranes for woman:
 - at 38 weeks gestation with medical or pregnancy related condition requiring induction of labour at 40 weeks
 - wanting a vaginal birth after caesarean (VBAC)
 - who has a low-risk pregnancy at 40 weeks and is scheduled for induction of labour for prolonged pregnancy at 41-42weeks⁶ (see RHW Induction of Labour for women with a post-dates low risk pregnancy)
- Explain procedure, including that it may cause temporary discomfort, and may result in minor vaginal bleeding/spotting and or mucous discharge as well as mild abdominal cramping
- Gain verbal consent for procedure and document
- Perform the procedure in the following steps:
 - vaginal examination
 - assess the cervix according to the Modified Bishops Score (MBS)
 - place one or ideally two fingers through the internal cervical os and stretch cervix
 - attempt separation of membranes from cervical attachment with several circumferential passes of the examination fingers as tolerated by the woman
- Auscultate the fetal heart following the procedure and document fetal heart rate
- Advise the woman to contact Delivery Suite or her MGP midwife for further advice if she is concerned regarding post procedure pain or vaginal discharge

6. DOCUMENTATION

- Medical record

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7. EDUCATIONAL NOTES

- A Cochrane review of 40 trials (6548 women) assessing membrane sweeping to encourage spontaneous labour, compared to no/sham treatment found that it is probably effective in increasing the likelihood of spontaneous labour (average risk ratio (aRR) 1.21, 95% confidence interval (CI) 1.08 to 1.34, 17 studies, 3170 participants, low-certainty evidence)¹ and women are less likely to experience induction (aRR 0.73, 95% CI 0.56 to 0.94, 16 studies, 3224 participants, low-certainty evidence)¹
- Sweeping of the membranes results in the release of endogenous prostaglandins, softening the cervix and augmenting oxytocin-induced uterine contractions. Plasma prostaglandin concentrations after sweeping are 10% of those achieved in labour, thus possibly improving labour outcomes⁴ and reducing the need for formal induction¹
- Women felt the benefits of membrane sweeping outweighed the harm and most would recommend to other women¹
- 51% of women considered membrane sweeping to be somewhat painful, while 17% considered it to be very painful³
- Overall women were positive about membrane sweeping, 88% reporting they would choose membrane sweeping again³

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Induction of Labour for Women with a Post-Dates Low Risk Pregnancy
- Obesity and Weight Gain in Pregnancy, Labour and Postpartum
- Next Birth after Caesarean Section (NBAC)
- Maternity – Management of Pregnancy Beyond 41 Weeks Gestation. NSW Health GL2014_015 July 2014.
- Ultrasound at 36 Weeks Gestation for Presentation

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Comprehensive Care – standard 5

11. REFERENCES

1. Finucane EM, Murphy DJ, Biesty LM, Cotter AM, Ryan EM, Boulvain M, Devane D. Membrane sweeping for induction of labour. Cochrane Database of Systematic Reviews 2020, Issue 2. Art No.:CD000451. DOI: 10.1002/14651858. CD000451. Pub3.
2. National Institute for Health and Care Excellence. Guidance: Inducing labour. 2008 (CG70) Induction of labour overview 2019.
3. De Miranda E, van der Bom J, Bonsel G, Bleker O, Rosendaal F. Membrane sweeping and prevention of post-term pregnancy in low-risk pregnancies: a randomized controlled trial. BJOG 2006; 113:402-408.

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4. Delaney, M & A. Roggensack. No. 214- Guidelines for the Management of Pregnancy at 41+0 to 42+0 Weeks. Journal of Obstetrics and Gynaecology Canada, 2017. 39 (8): e150-e163
5. Putnam K, Magann EF, Doherty DA, Poole AT, Magann MI, Warner WB, et al. Randomized clinical trial evaluating the frequency of membrane sweeping with an unfavourable cervix at 39 weeks. International Journal of Women's Health 2011; 3(1): 287-94.
6. Department of Health 2018 Clinical Practice Guidelines: Pregnancy Care. Canberra: Australian Government Department of Health

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs group 29/10/20

Amendment to No 2 Patient December 2019

Approved Quality & Patient Safety Committee December 2015

Reviewed and endorsed Maternity Services LOPs group November 2015 (previous title *Sweeping membranes to prevent post-term pregnancy guideline*)

Approved Patient Care Committee 2/10/08

Obstetric Clinical Guidelines Group September 2008

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