

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

- Encourage spontaneous labour and reduce requirement for induction of labour

2. PATIENT

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

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

- Sterile gloves
- Lubrication gel
- Doppler

5. CLINICAL PRACTICE

- Discuss and recommend vaginal examination and sweeping of membranes to woman from 38 weeks gestation.
- Explain procedure, including that this may be uncomfortable
- Gain verbal consent and document
- Perform a vaginal examination, locate the cervix and perform an assessment of the cervix according to the Bishop Score.
- Attempt separation of membranes as much as possible from cervical attachment with several circumferential passes of the examining fingers, as tolerated by the woman
- Auscultate the fetal heart following the procedure.
- Inform the woman that she may have some minor vaginal bleeding and or mucous discharge following the procedure, as well as crampy abdominal pain. The woman is to contact Delivery Suite or her MGP midwife for further advice if she is concerned regarding post procedure pain or vaginal discharge.
- Offer weekly vaginal examination and sweeping of membranes from 38-40 weeks gestation, and twice weekly or more once postdates

6. DOCUMENTATION

- Antenatal Card
- Integrated Clinical Notes
- Induction of labour/membrane sweep checklist

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
December 2015

SWEEPING MEMBRANES TO ENCOURAGE SPONTANEOUS LABOUR cont'd

7. EDUCATIONAL NOTES

- A Cochrane review of 22 trials (2,797 women) assessing membrane sweeping to induce labour, of which 20 compared sweeping of membranes with no treatment, showed that sweeping of the membranes, performed as a general policy in women from 38 weeks, was associated with reduced duration of pregnancy and reduced frequency of pregnancy continuing beyond 41 weeks (relative risk (RR) 0.59, 95% confidence interval (CI) 0.46-0.74) and 42 weeks (RR 0.28, 95% CI 0.15-0.50). To avoid one formal induction of labour, sweeping of membranes must be performed in eight women (number needed to treat (NNT) = 8)
- The incidence of post-term pregnancy can be decreased by over 10% by routine membrane sweeping
- One study suggested sweeping of membranes is most effective if performed more than twice a week
- The procedure is well tolerated, although 51% of women judged sweeping to be 'somewhat painful' and 17% 'painful' or 'very painful'. However, 88% of women would choose membrane sweeping again in the next pregnancy
- 31% of women experience minor bleeding after membrane sweeping
- No adverse effects on the pregnancy have been reported from membrane sweeping

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Induction of labour
- Obesity in pregnancy, labour and postpartum
- Postdates – Management of Pregnancy beyond 41 weeks gestation
- NSW Ministry of Health. Maternity management of pregnancy beyond 41 weeks gestation guideline. GL2014_015.July 2014.
- Next birth after caesarean section (NBAC)

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

- 1 Boulvain M, Stan C, Irion O. Membrane sweeping for induction of labour. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD000451
- 2 Clinical Practice Obstetrics Committee; Maternal Fetal Medicine Committee, Delaney M, Roggensack A, Leduc DC, Ballermann C, Biringier A, Delaney M, Dontigny L, Gleason TP, Shek-Yn Lee L, Martel MJ, Morin V, Polsky JN, Rowntree C, Shepherd DJ, Wilson K. Guidelines for the management of pregnancy at 41+0 to 42+0 weeks. J Obstet Gynaecol Can. 2008 Sep;30(9):800-23.
- 3 De Miranda E, van der Bom JG, Bonsel GJ, Bleker OP, Rosendaal FR. Membrane sweeping and prevention of post-term pregnancy in low-risk pregnancies: a randomised controlled trial. BJOG 2006; 113:402-8

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
December 2015

SWEEPING MEMBRANES TO ENCOURAGE SPONTANEOUS LABOUR cont'd

- 4 Flenady V, Koopmans L, Middleton P, Frøen JF, Smith GC, Gibbons K, Coory M, Gordon A, Ellwood D, McIntyre HD, Fretts R, Ezzati M Major risk factors for stillbirth in high-income countries: a systematic review and meta-analysis. *Lancet*. 2011 Apr 16; 377(9774):1331-40.
- 5 Metin Gülmezoglu, Caroline A Crowther, Philippa Middleton, Emer Heatley. Induction of labour for improving birth outcomes for women at or beyond term. *Cochrane Database of Systematic Reviews*. 2012; 13;6:CD004945
- 6 National Institute for Health Care Excellence. Guidance: Induction of labour (CG70): 2008 Evidence update. 2013 July.
- 7 NSW Ministry of Health. Maternity management of pregnancy beyond 41 weeks gestation guideline. GL2014_015.July 2014

REVISION & APPROVAL HISTORY

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

FOR REVIEW : NOVEMBER 2020

APPENDIX 1



INDUCTION OF LABOUR / MEMBRANE SWEEP CHECKLIST

PATIENT'S LABEL

- ☐ CONFIRM EDD
 ☐ LMP
 ☐ USS
- ☐ PRESENTATION
- ☐ REASON FOR IOL
- ☐ WOMAN EDUCATED RE: IOL METHOD
 ☐ PATIENT INFORMATION LEAFLET GIVEN
- ☐ HAVE MEMBRANE SWEEPS BEEN PERFORMED?
 YES ☐ NO ☐ DECLINED ☐

MODIFIED BISHOP	DATE				GESTATION
SCORE	0	1	2	3	
DILATION (CM)	< 1	1-2	2-4	> 4	
LENGTH OF CERVIX (CM)	> 4	2-4	1-2	< 1	
STATION	- 3	- 2	- 1,0	+1,+2	PRINT NAME AND SIGNATURE
CONSISTENCY	FIRM	AVERAGE	SOFT	TOTAL SCORE	
POSITION	POST	MID/ANT			

MODIFIED BISHOP	DATE				GESTATION
SCORE	0	1	2	3	
DILATION (CM)	< 1	1-2	2-4	> 4	
LENGTH OF CERVIX (CM)	> 4	2-4	1-2	< 1	
STATION	- 3	- 2	- 1,0	+1,+2	PRINT NAME AND SIGNATURE
CONSISTENCY	FIRM	AVERAGE	SOFT	TOTAL SCORE	
POSITION	POST	MID/ANT			

MODIFIED BISHOP	DATE				GESTATION
SCORE	0	1	2	3	
DILATION (CM)	< 1	1-2	2-4	> 4	
LENGTH OF CERVIX (CM)	> 4	2-4	1-2	< 1	
STATION	- 3	- 2	- 1,0	+1,+2	PRINT NAME AND SIGNATURE
CONSISTENCY	FIRM	AVERAGE	SOFT	TOTAL SCORE	
POSITION	POST	MID/ANT			

BOOK IOL
 ☐ DELIVERY SUITE
 ☐ ANW

MODE OF INDUCTION OF LABOUR

☐ FOLEYS CATHETER
 ☐ CERVIDIL
 ☐ PGE 2
 ☐ CERVICAL CATHETER

☐ ARM ONLY
 DATE: __ / __ / ____

☐ DOCUMENTED AND COMPLETED BY:
 PLEASE PRINT NAME: _____
 SIGNATURE: _____
 DATE: __ / __ / ____