What is artificial rupture of membranes (ARM)?

Artificial rupture of membranes (ARM) is the term healthcare providers use to describe “breaking your waters”. A doctor or midwife breaks or opens the bag of water around your baby (the amniotic sac). Once the amniotic sac is open, the amniotic fluid surrounding your baby in the uterus (womb) can drain out.

How is an ARM done?

A doctor or midwife does a vaginal examination to make sure it is safe for an ARM. The cervix needs to be “ripe” (ready) for labour and your baby’s head pressed against your cervix.

A thin, plastic tool (an amnihook) is placed into your vagina and through your cervix. The amnihook opens a hole in the amniotic sac allowing the amniotic fluid to drain.

Does an ARM hurt?

The examination can be uncomfortable. Breaking the membranes is not itself painful. An ARM is not harmful for your baby.

What happens after an ARM?

You may feel a trickle or a gush of warm amniotic fluid from your vagina. Pads or linen underneath you will soak up the fluid.

Normally, amniotic fluid is clear or a light pink colour. Dark pink or red fluid can mean there has been some bleeding. Green or brown fluid happens when your baby has done a poo or bowel movement, called meconium.

If there is blood or meconium in the amniotic fluid, continuous monitoring with a CTG (cardiotocograph) is recommended. The CTG monitors your contractions and baby’s heartbeat until your baby is born.

Will contractions start after an ARM?

“Breaking your waters” (an ARM) can sometimes be enough to start your contractions.

However, most women having an induction of labour will also need a drug called “oxytocin” to start their contractions.
What is oxytocin?
Natural oxytocin is a hormone that causes your uterus to contract.

Artificial or synthetic oxytocin is given in an intravenous (IV) drip. It is usually only started after your waters have broken. It is slowly increased until your contractions are regular and strong.

Constant monitoring of your contractions and your baby’s heartbeat with a CTG is recommended with oxytocin.

If your contractions become too strong, last too long or the CTG shows there could be problems with your baby’s heartbeat, the oxytocin can be slowed down or turned off.

How long will the induction take?
After your contractions start, your labour can take up to 12 hours or more. The time is different for everyone. It may be shorter or longer.

The oxytocin is usually continued until your baby is born. There may also be delays if the birthing unit is unexpectedly busy or there is an emergency.

Support & Information
13HEALTH (13 432584) telephone support providing health information, referral and services www.qld.gov.au/health/contacts/advice/13health
MumSpace website resources supporting mental and emotional wellbeing during and beyond pregnancy www.mumspace.com.au
Lifeline (13 11 14) telephone crisis support service www.lifeline.org.au
Women’s Health Queensland Wide (1800 017 676) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womhealth.org.au
Inform my care website comparing information about public and private hospitals in Queensland www.informmymcare.qld.gov.au