

Artificial rupture of membranes (ARM)

Induction of labour

See flowchart: *Method of induction*

Artificial rupture of membranes (ARM)

Indications

- Favourable cervix (MBS ≥ 7)
- After cervical ripening method
- Before oxytocin infusion commenced
- To observe colour and amount of liquor when clinically indicated
- Less favourable cervix (MBS of 6 or less) and there is clinical reason to avoid cervical ripening

Contraindications

- Vasa praevia
- Cord presentation

Cautions

- Poor application of the presenting part/unstable lie
- Fetal head not engaged

Post ARM care

- If oxytocin commenced, monitor as for oxytocin
- If oxytocin not commenced *and* observations normal *and* no contractions, then ongoing monitoring as for latent first stage
- If FHR or liquor abnormalities discuss/refer/consult
- May mobilise if desired

Pre ARM

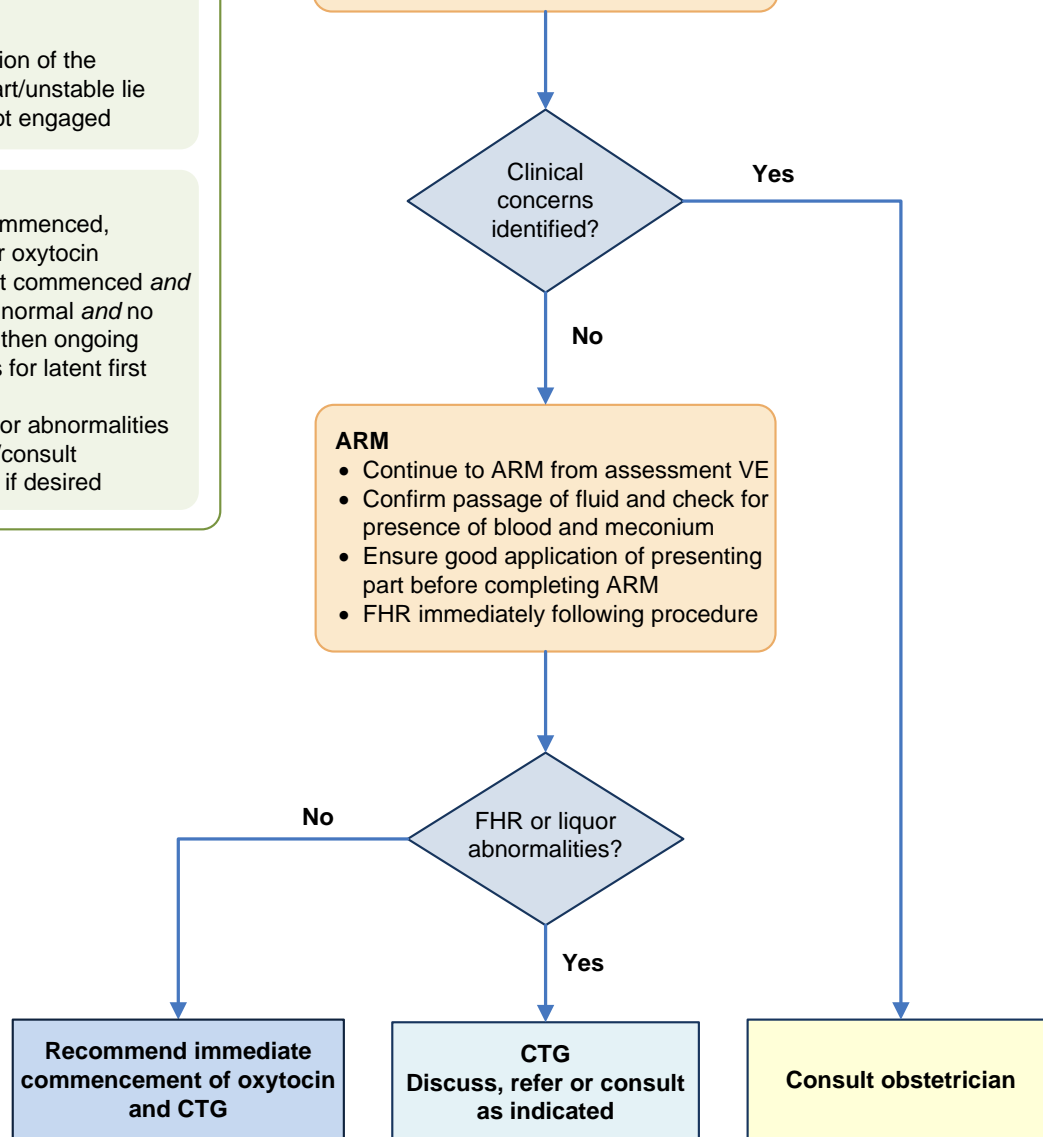
- Complete pre IOL assessment
- Encourage to empty bladder

VE to identify:

- Stage of labour
- MBS
- Presentation
- Position and descent
- Membranes

Assess for clinical concerns:

- Polyhydramnios
- Head not engaged
- Malpresentation
- Cord presentation or vasa praevia
- Unstable lie



ARM: artificial rupture of membranes; **CTG:** cardiotocograph, **FHR:** fetal heart rate; **IOL:** induction of labour; **MBS:** modified Bishop score; **VE:** vaginal examination

