**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
- Continue to ARM from assessment VE
- Confirm passage of fluid and check for presence of blood and meconium
- Ensure good application of presenting part before completing ARM
- FHR immediately following procedure

### Clinical concerns identified?
- Yes
- No

### FHR or liquor abnormalities?
- Yes
- No

#### Recommendations
- **Recommend immediate commencement of oxytocin and CTG**
- **Discuss, refer or consult as indicated**
- **Consult obstetrician**