Artificial rupture of membranes

Indications
- After cervical ripening method
- Favourable cervix (MBS ≥ 7)
- Before oxytocin infusion commenced

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

Post ARM care
- Immediately after procedure document:
  - Abdominal palpation
  - VE findings
  - FHR
  - Uterine activity
  - Vaginal loss (liquor amount, colour consistency)
- 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
- Encourage mobilisation to promote onset of uterine contractions

Pre ARM
- Complete pre IOL assessment
- Encourage to empty bladder
- Abdominal palpation to determine:
  - Descent
  - Position
  - Presentation

VE to identify:
- Stage of labour
- MBS
- Presentation
- Position and descent
- Membranes

Assess for clinical concerns:
- Polyhydramnios
- Head not engaged
- Malpresentation
- Possible cord presentation
- Unstable lie

Clinical concerns identified?

Yes

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 VE
- FHR immediately following procedure

No

FHR or liquor abnormalities?

Yes

Recommend immediate commencement of oxytocin

No

CTG
- Discuss, refer or consult as indicated

Consult obstetrician

Queensland Clinical Guideline: Induction of labour Flowchart version F17.22-4-V5-R22

ARM Artificial rupture of membranes; CTG: Cardiotocograph; FHR Fetal heart rate; IOL Induction of labour; MBS Modified Bishop Score; VE Vaginal examination

Queensland Clinical Guidelines