
GUIDELINE FOR THE MANAGEMENT OF PRE-LABOUR RUPTURE OF MEMBRANES AT TERM

Management of ruptured membranes at term, prior to the onset of labour, is a source of controversy in midwifery practice. This guideline is intended to provide the midwife with a guide for the management of women with ruptured membranes at term, prior to the onset of labour.

Definition: Pre-labour rupture of the membranes is defined as spontaneous rupture of the membranes before the onset of regular uterine contractions. When this occurs at or after 37 weeks gestation it is referred to as pre-labour rupture of membranes at term.

Incidence: Pre-labour rupture of the membranes occurs in 6-19% of all term births. Seventy percent of women who experience pre-labour rupture of membranes at term will give birth within 24 hours and almost ninety percent will do so within 48 hours. Two to five percent of women will not have given birth within 7 days of pre-labour rupture of the membranes.

Complications:

- Increases risk of maternal and neonatal infection;
- Increases risk of intervention (i.e. oxytocin augmentation or induction of labour).

Management:

1. Review details of the woman's menstrual history, relevant examinations and investigations to determine the gestation of the pregnancy.
2. Confirm whether or not the membranes are ruptured. Diagnosis should be confirmed by one or both of the following methods:
 - i. Obvious leaking of amniotic fluid from the vagina.
 - ii. Sterile speculum examination for ferning and / or nitrazine testing.
3. Assess for signs of intra-uterine infection until birth or transfer of care. These include fever and maternal and/or fetal tachycardia, a tender uterus, and foul smelling vaginal discharge.
4. Initiate a consultation if labour is not established within 24 hours according to the Standard for Discussion, Consultation and Transfer of Care.

Counseling:

- Discuss management options with the woman, including local management and provincial/national guidelines, and the College of Midwives Standard for Discussion, Consultation and Transfer of Care, if applicable;
- Counsel client related to prevention and signs and symptoms of infection;
- Discuss management recommendations of the consultant if applicable.

Summary:

The decision to proceed with immediate induction rather than conservative management in otherwise healthy women with PROM is best made with the woman after discussing the risks

and benefits of these approaches. The risks of infection (both maternal and neonatal) are somewhat higher with expectant management.

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