**Artificial Rupture of Membranes (AROM)**

National Midwifery Institute, Inc.

Study Group Coursework

*Syllabus*

Description:

This module explores intervention of artificial rupture of membranes and the implications of use from a midwifery perspective. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

Review the following Learning Objectives as an organized beginning to your study of this module. As you read the Learning Objectives, note key words which will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

* Learn when AROM may be indicated
* Explore benefits and risks of AROM
* Consider how and when we talk about AROM with clients, review informed consent in regards to AROM
* Consider the apparent condition of both mother/gestational parent and baby prior to suggesting AROM
* Identify the best position and procedure for the specific situation you are handling.
* Identify appropriate charting details regarding AROM.
* Examine your personal bias regarding AROM.
* Identify the local community standards regarding AROM, and possible further developments after AROM
* Draft practice guidelines for AROM in your own practice.
* Review your transport plan in response to need for labor augmentation, maternal exhaustion, meconium response, cord prolapse, fetal distress, worrisome FHT patterns, and signs of chorioamnionitis.
* Demonstrate correct handling of the amnihook and sterile technique during procedure.

Learning Activities:

* Research and read appropriate study sources, seeking out additional study sources where needed
* Complete short answer questions in attached module document for assessment
* Complete long answer questions for deeper reflection in attached module document for assessment
* Complete learning activities listed in attached module document for assessment
	+ Draft practice guidelines for AROM
* Submit work to Study Group Course Coordinator
* Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using keywords from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

* Heart & Hands, Davis
* Varney’s Midwifery
* Myles Textbook for Midwives
* Holistic Midwifery, Vol. II, Frye

Study Sources (online):

See NMI website AROM module web resources section for current online study sources for this module.

Related Modules:

* Transport
* First Stage
* Meconium

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:

Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been e-mailed to us, you will receive an e-mail confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

* Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
* Title of module on the document’s front page
* Your name on the document’s front page
* Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
* Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
* Please leave margin space for our comments!
* Don’t use script or cursive writing style text
* Font size not smaller than 12
* Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated n the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

|  | **Level 1** **(0 Points)** **Not Adequate** | **Level 2** **(1 Point) Developing Adequacy** | **Level 3** **(1.5 points)** **Meets Basic Expectations** | **Level 3** **(2 points) Exceeds Expectations** | **Student Score** |
| --- | --- | --- | --- | --- | --- |
| **Completion of module prompts and elements** | -Module not completed  | -Major Elements of module are missing  | -All aspects of module elements present, with some minor questions unanswered or missing | -All aspects of module elements present and answered completely |  |
| **Demonstrates Comprehension of module content and concepts** | - Lack of comprehension | - Responses are unclear and do not reflect basic comprehension of module concepts | - Responses are clear and reflect basic comprehension of module content and concepts | - Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity.  |  |
| **Analysis** | - Key terms not defined | -Inaccurate definitions of key items -Limited connections made between evidence, subtopics and clinical experience  | -Accurate definitions of key items       -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experiencein responses where possible | - Accurate definitions of key items       -Strong connections made between evidence, subtopics and clinical experience  |  |
| **Evidence** | - No research evidence used  | -Research not used -Research not clearly connected to questions asked in module  | -Research is present but limited -Research presented is weak or not relevant to communities served by midwives | -Research is abundant -Research is compelling and relevant to communities served by midwives |  |
| **Engagement with Learning Resources** | -Evident study sources were not utilized  | -Evident study sources were partially utilized  | -Evident that study sources were fully utilized | -Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible |  |

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI forms *Form 52 - Assessment of Student’s Midwifery Skills* and *Form 53 - Student Self-Assessment of Midwifery Skills.*

1. Midwifery Counseling, Education and Communication:

A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other health care providers

Evaluates the present status of client including:

1. determination of emotional well-being Implements plan of care:

1. Interprets findings to client accurately, and in a way comprehensive to client

2. Determines client’s reaction to findings

3. Acquaints client with alternative plans when possible and determines client’s preferences

4. Encourages client to assume responsibility for her own health

5. Prepares a defined needs/problems list with participation from

client

6. Evaluates, with corroboration from client, the achievement of

health care goals and modifies plan of care appropriately

7. Consults, collaborates with, and refers to appropriate members of the health care team

B. Provides education, support, counseling and/or referral for the possibility of less-than optimal pregnancy outcomes

Evaluates the present status of client including:

3. recognition of need for genetic counseling Implements plan of care:

1. Interprets findings to client accurately, and in a way

comprehensive to client

2. Determines client’s reaction to findings

3. Acquaints client with alternative plans when possible and determines client’s preferences

C. Provides education and counseling based on maternal health/reproductive/family history and ongoing risk assessment

Evaluates the present status of client including:

1. Determination of emotional well-being

2. obtaining and interpreting appropriate laboratory and

diagnostic tests and procedures Assumes direct responsibility

for the development of a comprehensive, supportive plan of

care for the client, with the client’s participation

Implements plan of care:

1. Interprets findings to client accurately, and in a way

comprehensive to client

2. Determines client’s reaction to findings

3. Acquaints client with alternative plans when possible and

determines client’s preferences

4. Encourages client to assume responsibility for her own

health

5. Prepares a defined needs/problems list with participation

from client

D. Facilitates the mother's decision of where to give birth

1. The advantages and the risks of different birth sites

2. The requirements of the birth site

3. How to prepare, equip and supply birth site

E. Educates the mother and her family/support unit to share

responsibility for optimal pregnancy outcome

Implements plan of care:

1. Acquaints client with alternative plans when possible and determines client’s preferences

2. Encourages client to assume responsibility for her own health

3. Prepares a defined needs/problems list with participation

from client

4. Evaluates, with corroboration from client, the achievement of

health care goals and modifies plan of care appropriately

G. Applies the principles of informed consent

H. Provides individualized care

2. General Health care Skills:

A. Demonstrates Universal Precautions

C. Demonstrates the application of aseptic technique

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*Short Answer Questions*

Short Answer Questions

1. What is Artificial Rupture of Membranes (AROM)?

2. What are the risks of performing AROM?

3. What are the potential benefits of performing AROM?

4. How and when do you discuss AROM with your clients?

5. What might you learn from a pelvic/cervical exam in labor that could give you hesitation about breaking waters?

6. Would you perform AROM if you were unsure of the application of the baby’s head to the cervix? Why?

7. Would you perform AROM if you noted during your internal assessment that the baby’s head was asynclitic? Why?

8. Would you perform AROM if you noted during your internal assessment that the baby’s head was posterior? Why?

9. What are possible maternal positions during the AROM procedure?

10. What factors do you need to consider when determining the best position for performing AROM?

11. How does the mother/gestational parent’s condition impact your decision-making when considering AROM?

12. How does the baby’s apparent condition impact your decision-making when considering AROM?

13. What are the different labor variations patterns one might see after AROM?

14. What does it mean to be “born in the caul?”

15. You have discussed AROM with your client and both of you feel that AROM is the next thing you want to try to facilitate better labor. You felt a tight, bulging bag in front of the baby’s head, in between contractions, 30 minutes ago. She is 6 cm dilated. Using sterile technique and working between contractions, you prepare to use the amnihook to break her water. When you feel inside her vagina, there is a loose feeling between the baby’s head and her cervix. The tight, bulging bag is gone! You are confident that breaking her bag is ok, based on what you felt before. However, the membranes are fitted against the baby’s head and there is so much slack in them that you can’t snag anything. What will you do?

16. What things must you chart regarding AROM?

 Continued…..

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*Long Answer Questions for Deeper Reflection*

Questions Requiring Longer, More Thoughtful Answers:

17. Describe in detail how you would prepare to rupture membranes. Include the mother/gestational parent’s position and your assistant’s role.

18. How do you feel about the AROM procedure? Can you identify any personal bias?

19. What has been your personal observation of AROM?

20. What is the general perspective about AROM among the midwives in your community?

21. Consider the common use of violent language in our birth vocabulary. What comes to mind when you hear, “She’s ruptured.” “We ruptured her at 10:45.” “Has she ruptured yet?” Many midwives are changing this language, saying instead, “Her membranes released.” Please share your thoughts.

22. How do you identify meconium with AROM? If you see meconium, does your labor management change? Do your local, national, or midwifery bodies mandate any responses to meconium in labor and birth?

23. What is your community standard or mandated local, national, or midwifery body responses to length of time membranes are ruptured in labor?

24. Review signs and symptoms of chorioamnionitis, and your response

 Continued …..

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*Projects/Learning Activities*

Projects(send completed projects with the rest of your course work for this module)

25. Draft practice guidelines for AROM in your own practice. Include reference to your transport plan in response to need for labor augmentation, maternal exhaustion, cord prolapse, meconium, fetal distress, worrisome FHT patterns, and signs of chorioamnionitis. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)