**Artificial Rupture of Membranes**

Study Group Module

**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.
* Consider the apparent condition of both mother and baby prior to suggesting AROM.
* Identify the best position and procedure for the specific situation you are handling.
* Identify risks of AROM.
* Review informed consent as it applies to AROM.
* Identify appropriate charting details regarding AROM.
* Identify the local community standards regarding AROM.
* Draft practice guidelines for AROM in your own practice.
* Examine your personal bias regarding AROM.
* Review your transport plan in response to need for labor augmentation, maternal exhaustion, cord prolapse, fetal distress, worrisome FHT patterns, and signs of chorioamnionitis and sepsis.
* Demonstrate correct handling of the amnihook and sterile technique during procedure.

**Study Sources**

Oral Tradition and Living Knowledge is invaluable on this topic. This is one of the most common interventions in the hospital and carries significant risk . We need to reevaluate the actual need for intervention in this area of practice.

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

**Related Topics**

Informed Consent

* Labor plateaus
* Cord prolapse
* Normal labor
* Chorioamnionitis
* Sterile technique
* Transport Pla
Meconium
* Internal pelvic, cervical and fetal position assessment

**Artificial Rupture of Membranes Questions**

1. What might you learn from a pelvic/cervical exam in labor that could give you hesitation about breaking her water?
2. Would you perform AROM if you were unsure of the application of the baby’s head to the cervix?
3. Would you perform AROM if you noted during your internal assessment that the baby’s head was asynclitic?
4. Would you perform AROM if you noted during your internal assessment that the baby’s head was posterior?
5. Give three examples of when AROM might be helpful.
6. What basic rules would you follow when discussing AROM with your clients?
7. What are possible maternal positions during the AROM procedure?
8. How would you decide which position is best?
9. What are the risks of AROM?
10. What can happen to the labor after AROM?
11. How does the mother’s condition effect your decision making when considering AROM?
12. How does the baby’s apparent condition effect your decision making when considering AROM?
13. What does it mean to be “born in the caul?”

1. 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?
2. What things must you chart regarding AROM?

**Essay Questions**

1. Describe in detail how you would prepare to rupture membranes. Include the mom’s position and your assistant’s role.
2. How do you feel about the AROM procedure? Can you identify any personal bias?
3. What has been your personal observation of AROM?
4. What is the general perspective about AROM among the midwives in your community?
5. 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.

**Project**

send completed project with the rest of your course work for this module

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, 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.)

**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 form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

Artificial Rupture of Membranes

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

4. 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:

 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

 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