**Ruptured 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 ways to determine that a woman’s water has broken.
* Define Prolonged Rupture of Membranes and Premature Rupture of Membranes.
* Define chorioamnionitis.
* Identify precautions for preventing infection with ruptured membranes.
* Identify the signs and symptoms of chorioamnionitis.
* Learn about specific lab work that can help detect infection and the risk of infection.
* Understand the importance of Beta Strep in the management of PROM.
* Identify the local standard of practice regarding ruptured membranes.
* Understand the use of Informed Consent and the management of PROM.
* Review universal precautions and sterile technique.
* Review the AROM module.
* Review the FHR Patterns module.
* Demonstrate your ability to provide information and discuss issues regarding ROM and PROM with clients.
* Demonstrate your ability to respond to ROM appropriately.
* Draft practice guidelines for responding to ROM in your own practice.

**Study Sources**

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

Using key words 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 and Hands, Davis
* Varney’s Midwifery
* Myles Textbook for Midwives
* Understanding Diagnostic Tests in the Childbearing Year, Frye

**Related Topics**

* First Stage and Second Stage Labor
* Informed Consent
* Physical Assessment
* Respiratory Distress Syndrome

**Ruptured Membranes Questions**

1. What evaluations are imperative with rupture of membranes?
2. List some ways that you, as a midwife, can tell if someone’s water broke.
3. What precautions do you take when assessing the status of a client’s membranes?
4. How do you instruct a client with ROM regarding precautions against infection?
5. What things would you consider when deciding whether to stimulate labor?
6. What are the risks of prolonged rupture of membranes?
7. What would you tell a client about the risks of prolonged rupture of membranes?
8. What does Beta Strep have to do with ruptured membranes?
9. What is chorioamnionitis?
10. What is indicated in the case of chorioamnionitis?
11. How can lab work help you in PROM management?
12. List the signs and symptoms of chorioamnionitis.
13. You’ve decided to transport for PROM. What do you expect to experience in a hospital transport situation? What action will the hospital most likely take?

**Essay Questions**

1. How can you, as a midwife, monitor for signs of infection? Give details of your plan of action/management and instructions for your client.
2. Your client’s water broke this morning around 5am. She’s had copious amounts of clear fluid several times today. It’s 11pm and she is wired and restless. She did not sleep well last night. What will you do?
3. What can you do to stimulate labor at home, and how do your options change when ROM? Give details of your plan, considering possibilities for individual clients’ needs.
4. Projects (send completed projects with the rest of your course work for this module)
5. Research:
	1. What is the community obstetrical standard for labor induction after ROM (how many hours)?
	2. Is antibiotic therapy mandatory during labor, regardless of GBS testing prenatally?
	3. Does neg GBS culture prenatally effect the medical treatment of the newborn?
	4. Does prophylactic antibiotics during labor necessitate continued treatment of the newborn?
	5. Is the length of time of ROM indicative of newborn treatment with antibiotics?
	6. How long is the newborn observation period, and must it occur in the nursery?
	7. What is the medical sequela to chorioamnionitis for treatment of the newborn?
6. Draft practice guidelines for responding to ROM in your own practice. Include reference to prevention of infection, sterile technique, labor stimulation, and 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.

1. Midwifery Counseling, Education and Communication:

 J. Provides education, counseling and/or referral, where appropriate for:

 6. Situations requiring an immediate call to the midwife

2. General Health care Skills:

 A. Demonstrates Universal Precautions

 C. Demonstrates the application of aseptic technique

 D. Demonstrates the use of instruments and equipment including:

 8. Doppler

 9. Fetoscope

 15. Nitrazine paper

 19. Speculum

 23. Thermometer

 F. Uses alternate health care practices (non-allopathic treatments) and modalities

 1. Herbs

 2. Hydrotherapy (baths, compresses, showers, etc.)

 L. Refers for performance of ultrasounds

 M. Uses doppler

3. Maternal Health Assessment:

 K. Recognizes and responds to potential prenatal complications by

 14. Identifying premature rupture of the membranes

 15. Managing premature rupture of the membranes in a full-term pregnancy by: a) monitoring fetal movement,

 b) monitoring vital signs signs for signs of infection,

 c) encouraging increased fluid intake,

 d) inducing labor,

 e) consult after 24 hours without labor progression

 16.Consulting and referring premature rupture of the membranes in pre-term labor