

| | | | |
|--|---|--|--|
| Document Title: | MANAGEMENT OF TERM PRE-LABOUR RUPTURE OF MEMBRANES | | |
| Document Reference/Register no: | 08049 | Version Number: | 5.1 |
| Document type: (Policy/ Guideline/ SOP) | Guideline | To be followed by: (Target Staff) | Midwives, Obstetricians, Paediatricians |
| Ratification Issue Date: (Date document is uploaded onto the intranet) | 22 October 2019 | Review Date: | 21 October 2022 |
| Developed in response to: | Intrapartum NICE Guidelines RCOG guideline | | |
| Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety: | | | 9,12 |
| Issuing Division/Directorate: | Women's and Children's | | |
| Author/Contact: (Asset Administrator) | Anita Dutta, Consultant Obstetrician | | |
| Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent) | <input type="checkbox"/> MSE NHS Foundation Trust <input type="checkbox"/> Basildon Hospital <input checked="" type="checkbox"/> Broomfield Hospital <input type="checkbox"/> Southend Hospital <input type="checkbox"/> Other (please state) | | |
| Consultation: | (Refer to page 2) | | |
| Approval Group / Committee(s): | n/a | Date: | n/a |
| Professionally Approved by: (Asset Owner) | Miss Rao, Lead Consultant for Obstetrics and Gynaecology | Date: | 3 October 2019 |
| Ratification Group(s): | DRAG Chairman's Action | Date: | 14 October 2019 |
| Executive and Clinical Directors (Communication of minutes from Document Ratification Group) | Date: October 2019 | Distribution Method: | Intranet & Website. Notified on Staff Focus |

| Consulted With: | Post/ Approval Committee/ Group: | Date: |
|------------------------|--|----------------|
| Anita Rao | Clinical Director for Women's and Children's Directorate | 3 October 2019 |
| Miss Thakur | Consultant for Obstetrics and Gynaecology | |
| Alison Cuthbertson | Head of Midwifery/ Nursing for Women's and Children's Services | |
| Chris Berner | Lead Midwife Clinical Governance | |
| Angela Woolfenden | Lead Midwife Community Services | |
| Amanda Dixon | Lead Midwife Acute In-patient Services | |
| Alison Groves | Senior Midwife Co-located Birthing Unit | |

| | |
|--|--|
| Related Trust Policies (to be read in conjunction with) | 04071 Policy for standard infection prevention precautions 04072 Hand hygiene policy 06036 Maternity record keeping including documentation in handheld records 07065 Administration of antenatal steroids 04265 Fetal heart rate monitoring in pregnancy and labour 09097 Management of labour 09095 The severely ill patient in Maternity Services |
|--|--|

| Document Review History: | | | |
|---------------------------------|---------------------------|--|--------------------|
| Version No: | Authored/Reviewer: | Summary of amendments/ Record documents superseded by: | Issue Date: |
| 1.0 | Julie Bishop | | January 2005 |
| 2.0 | Liz Millican | | June 2008 |
| 2.1 | Dr Rao | Alteration to time frame 7.1 | May 2009 |
| 2.2 | PROM Leaflet | | May 2009 |
| 2.3 | | Time frame change to expectant management. Audit and monitoring, equality and diversity update | August 2009 |
| 3.0 | Madhu Joshi | | November 2013 |
| 4.0 | Sarah Moon | | 7 November 2016 |
| 5.0 | Anita Dutta | Full review | 22 October 2019 |
| 5.1 | Rachel Smith | Clarification to points 2.1, 7.7.1, 11.3, 15.0 | 09 October 2020 |

INDEX

- 1. Purpose**
- 2. Equality Impact Assessment**
- 3. Definition**
- 4. Background**
- 5. Definition**
- 6. Rationale**
- 7. Summary for the Diagnosis and Management of Term Ruptured Membranes**
- 8. Expectant Management**
- 9. Exclusion Criteria**
- 10. Induction of Labour**
- 11. Staff and Training**
- 12. Professional Midwifery Advocates**
- 13. Infection Prevention**
- 14. Audit and Monitoring**
- 15. Approval and Implementation**
- 16. References**
- 17. Appendices**

Appendix A: Flow Chart for Pre-Labour Ruptured Membranes (PROM) at Term

Appendix B: Preliminary Equality Analysis

1.0 Purpose

- 1.1 To provide doctors and midwives with a guide for the management of women with ruptured membranes at term, prior to the onset of labour and to offer a choice of induction of labour (IOL) or expectant management to patients who rupture their amniotic membranes at term.

2.0 Equality Impact Assessment

- 2.1 Mid and South Essex NHS Foundation Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. (Refer to Appendix 6)

3.0 Definition

- 3.1 Pre-labour rupture of 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, this is referred to as pre-labour rupture of membranes at term.
- 3.2 Prolonged rupture of membranes is defined as 24 hours or more for term pregnancies.

4.0 Background

- 4.1 Pre-labour rupture of membranes occurs in 6-19% of all term births. The National Institute for Clinical Excellence (NICE) guidelines say 60% of women who experience pre-labour rupture of membranes at term give birth within twenty-four hours.

5.0 Definition

- 5.1 Loss of fluid per vaginam fluid visualised in posterior fornix.

6.0 Rationale

- 6.1 To determine wellbeing of mother and baby and to determine presentation and engagement.
- 6.2 To determine appropriate plan of care.
- 6.3 Patients should be informed that the risk of serious infection is 1% with ruptured membranes and the patient should be aware that the present advice is to commence induction of labour approximately 24 hours after rupture to avoid infection to the baby.
- 6.4 To allow greater flexibility and plan for active management of labour i.e. a suitable time to commence induction; liaison with Labour Ward Co-ordinator should be sought prior to start of induction.

- 6.5 Digital examination increases risk of infection, this does not aid diagnosis of spontaneous rupture of membranes (SROM).

7.0 Summary for the Diagnosis and Management of Ruptured Membranes

- 7.1 Obtain a history i.e. a 'gush' of liquor, continual wetting or dampness of underwear, continuing leaking of vaginal fluid. Note time of rupture of membranes, colour and amount of liquor.
- 7.2 Routine antenatal assessment should be undertaken within 30 minutes of admission or being shown to her bedside area. Specific observations that should be assessed and documented include:
- Temperature
 - Pulse
 - Respirations
 - Blood pressure
 - Urinalysis
- 7.3 The observations above should be recorded on the MEOWS chart and a MEOW score documented on the MEOWS chart and in the main body of the text in the health care records.
- 7.4 Assess fetal movement and heart rate at initial contact and then every 24 hours after rupture of the membranes while the woman is not in labour and advise the woman to report immediately any decrease in fetal movements [and] do not offer cardiotocography to women at low risk of complications in established labour' (Royal College of Obstetricians and Gynaecologists (RCOG) (2017).
- 7.5 There is no reason to carry out a speculum examination with a certain history of rupture of membranes.
- 7.6 Until the induction is commenced or if expectant management beyond 24 hours is chosen by the woman lower vaginal swabs and maternal C-reactive protein should not be offered.
- 7.7 Women with an uncertain history of pre labour rupture of membranes should be offered a sterile speculum examination to determine whether their membranes have ruptured. Digital examination in the absence of contractions should be avoided. This procedure should be conducted under good light; ask the patient to cough to see leakage of amniotic fluid, a high vaginal swab should be taken with prior consent.
- 7.7.1 For Women that give a good history of pre-labour rupture of membranes, with an inconclusive speculum examination, a diagnostic ROM+ test can be performed as per the ROM+ instructions for use, to confirm or rule out rupture of membranes.
- 7.8 If no liquor is seen on speculum and the history is not conclusive for rupture of membranes, the women must be reviewed by the obstetric registrar/ consultant on call for a plan of care specific to her individual clinical picture prior to discharge. Repeat the sterile speculum examination after 1 hour of the woman lying supine, which will allow liquor to pool in vagina.

- 7.9 If liquor is visualised, then admit if there are any complications over 37 weeks. An ultrasound scan to assess the liquor volume is not recommended. Discuss with the named consultant or consultant on call for a plan of care and document in the woman's health care records.
(Refer to Appendix A)
- 7.10 The responsible midwife who confirms the 'ruptured membranes' should book the patient's induction for labour, with the understanding that if labour has not established prior to the **24 hours**, then the patient should telephone the Day Assessment Unit (DAU).
- 7.11 The responsible midwife should discuss and give the woman the patient information leaflet entitled 'Term pre-labour rupture of membranes - information and guidance for women going home with ruptured membranes at term'; and this discussion should be documented in the woman's Antenatal Care Record.
- 7.12 The patient should be advised of the need to remain in hospital for 12 hours for observation of the baby, if the woman delivers after 24 hours ruptured membranes.
- 7.13 Only perform a digital examination if you believe labour has started. If a digital vaginal examination is performed, then induction should be performed within 6 hours.
- 7.14 If you are unsure of the presentation on palpation, request an obstetric consultant, or registrar with accredited ultrasound qualification, to perform an ultrasound scan in the maternity unit in the first instance, or arrange a departmental ultrasound scan to avoid unnecessary vaginal examination.
- 7.15 The criteria for discharging a woman home with a diagnosis of term pre-labour rupture of membranes is set out in the flow chart for pre-labour ruptured of membranes (PROM) at term.
(Refer to Appendix A)

8.0 Expectant Management

- 8.1 **24 hours** is the preferred amount of time allowed for expectant management in this Trust.
- 8.2 Those patients requesting a home birth should be advised that they should not deliver at home after 24 hours ruptured membranes in compliance with NICE guidance.

9.0 Exclusion Criteria

- 9.1 Expectant management should not be offered in the following circumstances:
- Any contradiction to induction of labour (IOL) e.g. abnormal presentation
 - Any contradictions to expectant management e.g. significant meconium liquor, signs of chorioamnionitis, bleeding per vaginum, HIV, intrauterine death (IUD).
 - For group B streptococcus (GBS), intrapartum intravenous prophylactic antibiotics must be commenced on confirmation of spontaneous rupture of membranes at term and IOL should be started immediately.

10.0 Induction of labour (IOL)

- 10.1 IOL with pre-labour SROM
(Refer to the guideline entitled 'Induction of labour with prostaglandin, artificial rupture of membranes and stretch and sweep' (04291).
- 10.2 Progestin is not licensed for use in spontaneous rupture of membranes. Only one dose of prostin should be used, although a second dose may be indicated if the cervix is unripe. This situation should be discussed with the consultant on call.
- 10.3 Patients opting for a 'vaginal birth after caesarean section' (VBAC)
(Refer to the 'Guideline for management for vaginal birth after caesarean section (VBAC).' Register number 06030)

11.0 Staffing and Training

- 11.1 All qualified midwifery and obstetric staff are fully trained to assess women for spontaneous rupture of membranes at term.
- 11.2 Regular updates for venepuncture are available from the Practice Development Midwife. Midwifery students may undertake venepuncture once they have received the theoretical knowledge and while under supervision of a midwife or obstetrician.
- 11.3 **Guideline Management**
 - 11.3.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

12.0 Professional Midwifery Advocates

- 12.1 Professional Midwifery Advocates provide a mechanism of support to women and midwives. Professional Midwifery Advocates are experienced practicing midwives who have undertaken further education in order to advise and support midwives and women in their care choices.

13.0 Infection Prevention

- 13.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure and when taking bloods samples and performing speculum examinations to use the Aseptic Non -Touch Technique (ANTT).
- 13.2 All staff should ensure that they follow Trust guidelines on infection prevention. All invasive devices must be inserted and cared for using high impact intervention guidelines (refer to Saving Lives policy guideline, DoH, 2007) to reduce the risk of infection and deliver safe care. This care should be recorded in the Saving Lives High Impact Intervention Monitoring Tool Paperwork (Medical Devices).

14.0 Audit and Monitoring

- 14.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.
- 14.2 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.
- 14.3 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.
- 14.4 Key findings and learning points from the audit will be submitted to the Clinical Governance Group within the integrated learning report.
- 14.5 Key findings and learning points will be disseminated to relevant staff.

15.0 Approval and Implementation

- 15.1 All policies, procedures and guidelines will be approved locally by the Maternity and Gynaecology Practice Steering Group prior to submission to the Controlled Document team for ratification by the Joint Document Management Group.
- 15.2 It is the Guidelines and Audit Nurse's and author's responsibility to inform the Maternity and Gynaecology Practice Steering Group and appropriate Maternity Services' staff of the approved policy documents when they are uploaded to the Trust's Intranets.

16.0 References

Royal College of Obstetricians and Gynaecologists (2017) Group B Streptococcal Disease, Early-onset (Green-top Guideline No. 36) London:RCOG. Available at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg36/>

National Institute for Clinical Excellence (2008) Inducing labour CG70 London:NICE. Available at: <https://www.nice.org.uk/guidance/cg70>

National Institute for Health and Care Excellence (2014) Intrapartum care for healthy women and babies. Clinical Guideline (CG190) London: NICE Available at: <https://www.nice.org.uk/guidance/cg190>

Flow Chart for Pre-Labour Ruptured Membranes at Term

| |
|--|
| 37 or more weeks |
| No maternal pyrexia (>37.8) or maternal tachycardia (>100) (i.e. that maternal observations are within normal limits) |
| No abnormal uterine tenderness and clear liquor |
| Normal fetal movements |
| No evidence of chorioamnionitis |
| Confirmation that no vaginal examination has been performed |
| No bleeding |
| Cephalic presentation with non ballotable head |
| Note GBS status and follow GBS protocol |

Appendix C: Preliminary Equality Analysis

This assessment relates to: Management of Term Pre-Labour Rupture of Membranes/ 08049

| A change in a service to patients | | A change to an existing policy | X | A change to the way staff work | |
|--|--|---|----------|--------------------------------|--|
| A new policy | | Something else (please give details) | | | |
| Questions | | Answers | | | |
| 1. What are you proposing to change? | | Full Review | | | |
| 2. Why are you making this change? (What will the change achieve?) | | 3 year review | | | |
| 3. Who benefits from this change and how? | | Patients and clinicians | | | |
| 4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA. | | No | | | |
| 5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom? | | Refer to pages 1 and 2 | | | |

Preliminary analysis completed by:

| | | | | | |
|-------------|-------------|------------------|-------------------------|-------------|----------------|
| Name | Anita Dutta | Job Title | Consultant Obstetrician | Date | September 2019 |
|-------------|-------------|------------------|-------------------------|-------------|----------------|