

## Trust Guideline for the Management of Spontaneous Rupture of Membranes >37 weeks (Term) prior to the establishment of labour

### A Clinical Guideline recommended for use

<b>In:</b>	Obstetrics and Gynaecology
<b>By:</b>	All Midwives and Obstetric team doctors, Anaesthetists and Midwifery Support workers within Maternity Services (Elective Division)
<b>For:</b>	Obstetric patients
<b>Key words:</b>	Spontaneous rupture of membranes, SRoM, >37 weeks, Term
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<b>Reported as approved to</b>	Maternity Governance Committee
<b>Document issued:</b>	July 2018
<b>To be reviewed before:</b>	July 2021
<b>To be reviewed by:</b>	A member of the Obstetrics and Gynaecology Team (Registrar or Consultant)
<b>Document Reg. No:</b>	JPLCG0036 V5

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## **Version Information**

<b>Version No</b>	<b>Updated By</b>	<b>Updated On</b>	<b>Description of Changes</b>
5	Dr Beth Revell	July 2018	Reviewed and formatted
4	Dr P Timmons Dr N Singh	July 2015	Reviewed and formatted
3	Dr N Singh Dr V Choudhary	March 2012	Reviewed- aligned with NICE guidance
2	Liz Hynes	May 2008	Amended
1	Liz Hynes Val Everett	June 2007	New guideline

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# **Trust Guideline for the Management of Spontaneous Rupture of Membranes >37 weeks (Term) prior to the establishment of labour**

## **1. Objectives**

To ensure best practice in the management of women with Spontaneous Rupture of Membranes at 'term' but prior to establishment of effective labour and to minimise risk of infection to the fetus.

## **2. Rationale**

The evidence regarding prelabour rupture of the membranes has to be changed in light of NICE and RCOG evidence. This guideline seeks to demonstrate the care required based on the available evidence to ensure best outcomes for women and their babies.

## **3. Broad Recommendations**

### **3.1 Good history of SROM**

- Women who report 'reliable history' of suspected membrane rupture at any time must be asked to attend for assessment. This assessment must include ascertainment of presentation, lie and engagement of head and fetal wellbeing by sonicaid/ CTG depending on risk assessment i.e. midwifery led antenatal care or Consultant led antenatal care respectively.
- If not in labour, the woman may then return home, provided the liquor is clear, the presentation is known to be cephalic, and fetal wellbeing confirmed. The woman's D folder/E3 record must be checked to ensure no reported Antenatal concerns and the conversation and advice must be documented
- If history 'strong' but no liquor obvious on admission, diagnosis of membrane rupture should be confirmed / excluded by sterile speculum examination and an HVS if indicated. The woman may obviously go home if membranes seen to be intact.

### **3.2 Vague history of SROM**

- Women who report a 'vague history' with no other concerns may be advised to wear a pad and ring back in one hour. If dry – no further action. If damp or wet, should be seen. The woman's D folder must be checked to ensure no reported Antenatal concerns and the conversation and advice must be documented.
- Actim PRoM can be used on women with a vague history. If not conclusive, a liquor volume scan can be arranged to get more information for further management.
- Any concerns identified - the woman should be advised to attend the delivery floor for assessment and review by a member of the midwifery or Obstetric team, as appropriate.

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### **3.3 All women with proven SROM**

- Baseline maternal observations (temperature, pulse, blood pressure, urinalysis, uterine tenderness, vaginal discharge); should be recorded to exclude evidence of infection (refer to Sepsis Guidelines). If liquor is obvious, clear and no other concerns, woman should be advised that if labour does not occur IOL is offered to the women immediately, at 24hr is recommended.
- Women who are known GBS carriers should be offered immediate intrapartum intravenous antibiotic prophylaxis and induction of labour as soon as reasonably possible.
- Those not keen for IOL at 24hr could wait up to 96hr but are recommended at that stage to have IOL for the following reasons:
  1. that the risk of serious neonatal infection is 1% rather than 0.5%,
  2. 60% will go into labour within 24 hours
  3. Induction of labour is appropriate after 24 hours as risk of serious neonatal infection rises significantly
  4. Expectant management if chosen, should not exceed 96 hours.
- A vaginal digital examination should only be performed if contracting or indicated with awareness as to the increased risk of sepsis.

### **3.4 Care until induction or if the woman chooses expectant management beyond 24 hours:**

1. Advise the woman to record her temperature every 4 hours during waking hours and to report immediately any change in the colour or smell of her vaginal loss.
2. Inform her that bathing or showering are not associated with an increase in infection, but that having sexual intercourse may be.
3. Assess fetal movement, heart rate and inflammatory markers (inc FBC) at initial contact and then every 24 hours following membrane rupture while the woman is not in labour
4. Management plan should be clear.

### **3.5 General Information for women**

- If women come in spontaneous labour within 24 hours of prelabour rupture of membranes after 37 weeks gestation, without any risk factors and they were found suitable for Dolphin suite earlier, they can still go to Dolphin suite to labour.
- If rupture of membranes has occurred more than 24 hours before delivery, it should be explained that the woman should stay in hospital 12 hours following birth to ensure observation of the baby.
- Midwife should record prelabour rupture of membranes on the Apgar sheet and ask for paediatric review.
- If women are induced 24 hours after rupture of membranes, they will transfer to Consultant led care and be assessed by the Registrar to decide whether they need Prostin or can be augmented with syntocinon. Refer to guideline on Induction of labour.

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## **3.6 Antibiotic requirements**

See Antibiotics Microguide via the Intranet for antibiotics required.

In case of a diagnosis of chorioamnionitis, broad spectrum antibiotics should be prescribed please see Antibiotics Microguide.

If the woman is found to have Group B Streptococcus positive in this pregnancy (HVS or MSU) or has had a previous pregnancy where the baby was affected with Group B Streptococcus she will need antibiotics as per the Antibiotic Guideline for Obstetrics.

## **4. Clinical Audit Standards**

To ensure that this document is compliant with the above standards, the following monitoring processes will be undertaken:

- All women have the admission assessment completed with all required investigations conducted
- There are clear management plans for women with confirmed SROM and not in labour

The audit results will be sent to the Maternity Guidelines Monitoring Group who will ensure that these are discussed at relevant governance meetings to review the results and make recommendations for further action.

## **5. Summary of development and consultation process undertaken before registration and dissemination**

The authors listed above drafted this document on behalf of the Maternity Service who has agreed the final content. During its development it has been circulated for comment to:

Obstetrics and Gynaecology Consultant Group  
Obstetrics and Gynaecology Registrar Group  
Head of Midwifery and Gynaecological Services  
Clinical Midwifery Manager – Inpatient Services  
Clinical Midwifery Manager – Outpatient Services  
Maternity and Gynaecology Risk and Governance Manager  
Clinical Midwives  
Dolphin Suite Lead  
Delivery Suite Manager

This version has been endorsed by the relevant Staff, Committee and hospital.

## **6. Distribution List**

Distributed through intranet and via email mailing system to appropriate bodies

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## **7. References**

- RCOG Guideline Prevention of Group B Streptococcus 2003
- Nice Intrapartum guideline 2007
- RCOG 2017 Group B Streptococcal Disease, Early-onset (Green-top Guideline No. 36)

## **8. Appendices**

Appendix 1- Monitoring Compliance table (page 7)

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## Monitoring Compliance / Effectiveness Table

Document Name: Management of Term SRoM

Document Owner: Dr Timmons, Dr Singh

## Appendix 1

<i>Element to be monitored</i>	<i>Lead Responsible for monitoring</i>	<i>Monitoring Tool / Method of monitoring</i>	<i>Frequency of monitoring</i>	<i>Lead Responsible for developing action plan and acting on recommendations</i>	<i>Reporting arrangements</i>	<i>Sharing and disseminating lessons learned &amp; recommended changes in practice as a result of monitoring compliance with this document</i>
All women have the admission assessment completed with all required investigations conducted	Maternity Governance Committee	Audit Tool	3 yearly	Maternity Governance Committee	Maternity Governance Committee	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate and lessons will be shared with all the relevant stakeholders
There are clear management plans for women with confirmed SRoM and not in labour	Maternity Governance Committee	Audit Tool	3 yearly	Maternity Governance Committee	Maternity Governance Committee	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate and lessons will be shared with all the relevant stakeholders