Guideline for the management of Pre-Labour Rupture of the Membranes at Term

Definition

Spontaneous rupture of the membranes after 37 weeks' gestation and before the onset of regular uterine contractions. The incidence is approximately 8% of all pregnancies.

Diagnosis

- The diagnosis should be based on the history and confirmed by physical examination.
- A history of sudden onset of a gush of fluid which doesn't stop suggests pre-labour rupture of the membranes.
- Confirmation is *either* by observing pads soaked with amniotic fluid, *or* by a speculum examination.

1. Perform abdominal palpation to assess the lie and presentation of the fetus. If there is a high head, breech presentation or transverse lie, request a review by the obstetric registrar.

2. If a speculum examination is performed, use an aseptic technique.

3. If ***green*** fluid is seen on the pads or in the vagina, request a review by the obstetric registrar. Green fluid may be due to meconium, pus from choriamnionitis, or vaginal discharge due, for example, to *Trichomonas vaginalis*.

4. **Don't** take a high vaginal swab – this is a poor predictor of chorioamnionitis.

5. **Don't** perform a digital examination of the cervix.

6. **Don't** order a *routine* ultrasound scan – this also is an unreliable test. The consultant obstetrician on call may order an ultrasound scan in special circumstances.

With an expectant management 86% of women will go into spontaneous labour within 24 hours, 91% within 48 hours and 94% within 96 hours.

Management

1. Offer women with confirmed prelabour rupture of membranes >37 weeks the following choice:

    a. Expectant management for up to 24 hours. The woman can stay at home during this time, to await spontaneous labour, or for her date and time of induction of labour.
    b. Induction of labour as soon as possible. If the woman chooses this option, she should be admitted to the antenatal ward.
    c. Expectant management for >24 hours. Discuss options for monitoring and birth with the woman and respect her decision.

2. If a woman has confirmed prelabour rupture of membranes >37 weeks and has clinical signs of chorioamnionitis, offer immediate induction of labour or caesarean section depending on woman's wishes, her clinical condition and fetal monitoring.

3. If a woman has confirmed prelabour rupture of membranes >37 weeks and has meconium stained liquor or vaginal bleeding, offer immediate induction of labour or caesarean section depending on woman's wishes, her clinical condition and fetal monitoring.

4. If a woman has confirmed prelabour rupture of membranes >37 weeks and had tested positive for Group B Streptococcus at any time in their current pregnancy, offer immediate induction of labour or caesarean section depending on woman's wishes, her clinical condition and fetal monitoring.

5. If the woman chooses expectant management for up to 24 hours, arrange admission to antenatal ward for 24 hours after the membranes ruptured.

6. Method of induction of labour:

    - Perform a vaginal examination to assess the cervix.

    - **Cervix favourable (Bishop score 6 and above)**
      If the cervix is favourable, transfer to labour ward and induce labour with an intravenous oxytocin infusion as per standard protocol.

    - **Cervix unfavourable (Bishop score <6)**

      In *multiparae*
        - If the cervix is unfavourable consider a dose of vaginal prostaglandin (if no previous CS) after agreement with senior obstetrician. Then induce

labour after 6 hours with an intravenous oxytocin infusion as per standard protocol.

In *primiparae*

- Administer vaginal prostaglandin, and if necessary, a 2nd dose after 6 hours. Then induce labour after 6 hours with an intravenous oxytocin infusion as per standard protocol.

5. **Previous Caesarean section**

   Women who have had a previous Caesarean section who have undergone prelabour rupture of the membranes should be assessed by the obstetric registrar:
   - If the woman wants VBAC and there are no contra-indications, the woman should be offered induction of labour with IV syntocinon as soon as possible or after 24 hours of expectant management.
   - It the woman does not want VBAC, caesarean birth should be offered as soon as practical.
6. **Intrapartum GBS antibiotics prophylaxi**s: GBS intrapartum antibiotic prophylaxis should be offered to patients with prelabour rupture of membranes if rupture of membranes to onset of labour interval is more than 24 hours. This would apply regardless of GBS carrier status. Women returning for induction 24 hours after ruptured membranes should receive IV antibiotics on admission to hospital and throughout the induction of labour process. For antibiotics choice, regimen and doses, please refer to NHS Lanarkshire guideline titled "GBS prophylaxis".

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