



Consensus Statement: **Artificial Rupture of Membranes**

The New Zealand College of Midwives does not support the artificial rupture of membranes (ARM) in an uncomplicated physiological labour and birth.

Rationale:

Spontaneous rupture of the membranes may occur at any time in a physiological and uncomplicated labour, including during the birth of the baby.

Amniotomy (ARM) is not required to assist progress in a physiological, uncomplicated labour as it can lead to unintended adverse effects on the woman and baby which include further intervention during labour and a possible increase in caesarean section [1].

Amniotomy (ARM) does not shorten the length of the first stage and is therefore not an effective tool to speed the process of a labour that is progressing normally[1].

Midwives should be respectful of the purpose and progress of the latent phase of labour in achieving physiological labour and birth. They should share this information with the woman and her whanau.

An amniotomy (ARM) may be indicated when the labour is no longer progressing normally and the decision to perform this is based on evidence of benefit and the informed consent of the woman.

Practice notes:

- Midwives support and promote physiological labour and the importance of avoiding unnecessary intervention(s) in the achievement of physiological birth.
- ARM is an intervention and needs to be a considered option in consultation with the woman to achieve a specified result.
- All midwifery actions are based on sound assessment skills and informed consent
- There is a discussion with women antenatally about the intervention of ARM and when it would be recommended. This is then documented in the birth plan and/ or the maternity record.
- Midwives are competent in the performance of ARM and if undertaking it need to:
 - Have a rationale for the intervention
 - Perform ARM within the Standards for Midwifery Practice
 - Fully document assessments, rationale and interventions
- All midwives and maternity facilities need to identify their ARM rates for the purpose of audit and review.

References:

1. Smythe, R., C. Marckham, and T. Dowswell *Amniotomy for shortening spontaneous labour (Review)*. 2013. Cochrane Database of Systematic Reviews, Issue 6. Art No.: CD006167 DOI: 10.1002/14651858.CD006167.pub4.

Bibliography:

Title: Midwives Handbook for Practice (5th Ed)

Author: New Zealand College of Midwives

Source: Christchurch, 2015

Title: Midwifery Preparation for Practice 3e

Author: Pairman, S, Pincombe, J, Thorogood, C, Tracy, S

Source: Elsevier, 2015

Title: Amniotomy in spontaneous labour, uncomplicated labour at term

Author: Andrees, M & Rankin, J

Source: British Journal of Midwifery, 2007, 15, (10), 612-616

Title: Care during the latent phase of labour: supporting normal birth

Author: Baxter, J

Source: British Journal of Midwifery, 2007, 15 (12),765

Ratification:

This statement was originally ratified at the NZCOM AGM on 11 September 2008

References updated and reviewed 2016

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice.
All position statements are regularly reviewed and updated in line with evidence-based practice.