Key Points

- The UHBW Management of Induction of Labour guideline states that women should be offered immediate IOL upon diagnoses of ROM or expectant management with IOL of spontaneous labour does not establish within 24-36 hours
- The UHBW Management of Pre-labour Rupture of Membranes guideline states that in the absence of contraindications for expectant management, offer expectant management at approximately 24 hours
- These two guidelines should be adjusted so they state the same recommendations
- Although the NICE IOL guideline states that immediate IOL should be offered at the point of confirmed SRM diagnoses, it still heavily emphasises a 24 hour wait for spontaneous onset of labour prior to commencing Induction of Labour
- In the wider picture, although the UBHW guideline should include offering immediate IOL as per national guidance, the service regularly struggles to cope with the volume of women who opt for IOL and women experiencing delays of their IOL date is a regular occurance.

Please see below for futher details of NICE, RCOG and UHBW guidelines.

A literature review of local and national guidelines on the recommedations of Induction of labour once Spontaneous Rupture of Membranes have been diagnosed at full term

The National Institute of Clinical Excellence (Nice) has updated their guidance to offer induction of labour immediately upon diagnoses of pre-labour rupture of membranes. This is a literature review of local and national guidance to assess local guidance is in line with this recommendation.

The UHBW guideline of the Management of Induction of Labour (2021) states that;

(ii) Prelabour Rupture of Membranes at Term (over 37 weeks) (See UHBW Prelabour Rupture of Membranes (PROM) guidance) Women with PROM over 37 weeks, in the absence of other risk factors, should be offered either immediate induction or expectant management with IOL if labour does not establish in 24-36 hours.

The UHBW Prelabour rupture of membranes (2022) guideline goes onto say;

MANAGEMENT OF CONFIRMED TERM (37+0 WEEKS) PROM WITH NO EVIDENCE OF INTRAUTERINE INFECTION

Assess for contraindications for expectant management (e.g. suspicion of chorioamnionitis, meconium stained liquor, reduced fetal movements, IUGR, preeclampsia, GBS carriage). If any of these present, offer induction of labour at the earliest available slot.

If no contraindication then offer expectant management for approximately 24 hours:

o Advise the woman to record her temperature every 4 hours during waking hours and report immediately any change in her vaginal loss.

o Daily surveillance of maternal and fetal wellbeing should be carried out

o Give patient information leaflet ‘Your Waters Have Broken’ Women declining IOL beyond 24 hours of ruptured membranes

o Must be counselled regarding increased risk of chorioamnionitis

o Management should be discussed with ST6-7 or a consultant

Recommendation of the management of IOL once SRM diagnosed by NICE

Prelabour rupture of membrane at term

1.2.13 Offer women with prelabour rupture of membranes at term (at or after 37+0 weeks) a choice of:

• expectant management for up to 24 hours, or

• induction of labour as soon as possible.

Discuss the benefits and risks of these options with the woman, and take into account her individual circumstances and preferences. [2008, amended 2021]

1.2.14 For women who choose expectant management after prelabour rupture of the membranes at term (at or after 37+0 weeks), offer induction of labour if labour has not started naturally after approximately 24 hours. See the NICE guideline on intrapartum care. [2008, amended 2021]

1.2.15 Respect the woman's decision if she chooses to wait for spontaneous onset of labour for over 24 hours after prelabour rupture of membranes at term. Discuss the woman's options for birth from this point onwards with her. [2021]

1.2.16 If a woman has prelabour rupture of membranes at term (at or after 37+0 weeks) and has had a positive group B streptococcus test at any time in their current pregnancy, offer immediate induction of labour or caesarean birth. See the NICE guideline on neonatal infection for advice on intrapartum antibiotics. [2021]

Intrapartum care for healthy women and babies (CG190) 2022

1.11 Prelabour rupture of membranes at term

1.11.1 Do not carry out a speculum examination if it is certain that the membranes have ruptured. [2007]

1.11.2 If it is uncertain whether prelabour rupture of the membranes has occurred, offer the woman a speculum examination to determine whether the membranes have ruptured. Avoid digital vaginal examination in the absence of contractions. [2007]

1.11.3 Advise women presenting with prelabour rupture of the membranes at term that:

• the risk of serious neonatal infection is 1%, rather than 0.5% for women with intact membranes

• 60% of women with prelabour rupture of the membranes will go into labour within 24 hours

• induction of labour (see NICE's guideline on inducing labour) is appropriate approximately 24 hours after rupture of the membranes. [2007]

1.11.4 Until the induction is started or if expectant management beyond 24 hours is chosen by the woman:

• do not offer lower vaginal swabs and measurement of maternal C-reactive protein

• to detect any infection that may be developing, 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.

• inform the woman that bathing or showering is not associated with an increase in infection, but that having sexual intercourse may be. [2007]

1.11.5 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. [2007]

1.11.6 If labour has not started 24 hours after rupture of the membranes, advise the woman to give birth where there is access to neonatal services and to stay in hospital for at least 12 hours after the birth. [2007]

Recommendation of the management of IOL once SRM diagnosed by RCOG

Has updated and replaced their guidance with NICE (NG207)

Recommendation of the management of IOL once SRM diagnosed by NHS

If your waters break early

If your waters break more than 24 hours before labour starts, there's an increased risk of infection to you and your baby.

If your waters break after 34 weeks, you'll have the choice of induction or expectant management.

Expectant management is when your healthcare professionals monitor your condition and your baby's wellbeing, and your pregnancy can progress naturally as long as it's safe for both of you.

Your midwife or doctor should discuss your options with you before you make a decision.

They should also let you know about the newborn (neonatal) special care hospital facilities in your area.