

Standard Operating Procedure (SOP) on Artificial Rupture of Membranes (ARM)

**Department of Obstetrics & Gynaecology
Faculty of Medicine
UWUSL**

Standard Operating Procedure (SOP) on Artificial Rupture of Membranes (ARM)

(1) Title

SOP for Artificial Rupture of Membranes.

(2) Issued By

Department of Obstetrics & Gynaecology, Faculty of Medicine, Uva Wellassa University of Sri Lanka.

(3) Purpose

To provide a standardized procedure for safely performing artificial rupture of membranes during labour.

(4) Scope

Applies to medical students under supervision, obstetricians, medical officers, trainees, midwives, and nursing staff.

(5) Responsibilities

(5.1) Clinician/Healthcare Provider

1. Confirm indication and absence of contraindications.
2. Explain procedure and obtain informed consent.
3. Perform ARM using aseptic technique.
4. Assess fetal heart rate before and after ARM.
5. Document findings

(5.2) Assistant/Midwife/Nursing Staff

1. Prepare equipment.
2. Assist positioning and maintain privacy.
3. Monitor maternal and fetal wellbeing.
4. Dispose of waste appropriately.

(6) Ethical and Clinical Considerations

1. Request informed consent.
2. Maintain privacy and confidentiality.
3. Use aseptic technique.
4. Ensure maternal comfort.
5. Stop and seek senior help if complications occur.

(7) Indications

1. Induction or augmentation of labour.
2. Assessment of amniotic fluid.
3. Internal fetal monitoring/ application of instruments (forceps/ vacuum) when indicated.

(8) Contraindications

1. High/unengaged presenting part.
2. Cord presentation/prolapse.
3. Non-longitudinal lie unless specifically indicated.

(9) Equipment Required

(9.1) Sterile gloves & gown



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(9.2) Sterile amniotomy hook



https://be-safe.co.za/wp-content/uploads/2022/08/AMNIO.HOOK_-rotated.jpg

(9.3) Lubricating gel



<https://sukitha.com/wp-content/uploads/2020/12/29959-768x576.jpg>

(9.4) Doppler fetal monitor or Pinard stethoscope.



Doppler fetal monitor

<https://i5.walmartimages.com.mx/mg/gm/3pp/asr/c664df49-2fc5-493b-925a-802cc65e7dc5.b90068b6327a45469ff94e2427c32281.jpeg?odnHeight=2000&odnWidth=2000&odnBg=ffffff>



<https://tse4.mm.bing.net/th/id/OIP.kzDukEDUhp3SG9-EOK7QxwHaFj?r=0&rs=1&pid=ImgDetMain&o=7&rm=3>

Pinard stethoscope

(9.5) Disposable absorbent sheets



<https://th.bing.com/th/id/OIP.oz47T4LlehsKHIYAXtVvowHaGS?r=0&o=7&m=3&rs=1&pid=ImgDetMain&o=7&m=3>

(9.6) Sanitary pads



https://assets.babycenter.com/ims/2016/05/maternitypads_4x3.jpg?width=1026

(10) Procedure

(10.1) Pre-procedure Assessment

1. Confirm the indication for ARM.
2. Review maternal and fetal wellbeing.



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3. Confirm patient ID, Explain the procedure & request informed verbal consent.



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4. Confirm longitudinal lie, cephalic presentation, engaged presenting part and exclude cord presentation/prolapse.
5. Ensure facilities for emergency obstetric intervention are available.

(10.2) Preparation

1. Assemble instrument tray with sterile gloves, gown, lubricating gel, amnihook, Doppler/Pinard, disposable sheet and sanitary pads.



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2. Position the woman comfortably in the lithotomy position.

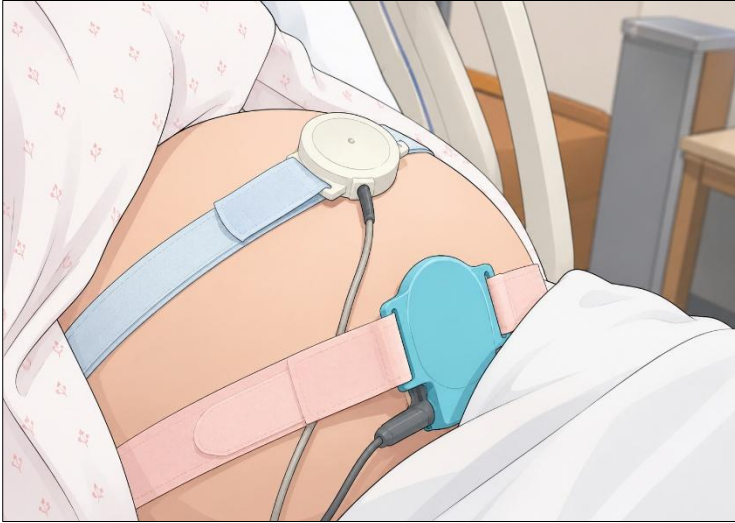


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3. Perform hand hygiene and wear PPE. (Personal Protective Equipment).

(10.3) Technique

- (1) Check and document the fetal heart rate before the procedure.



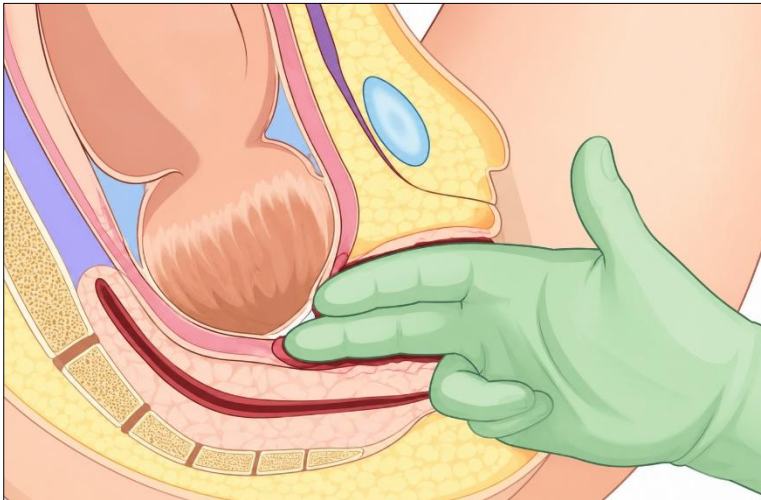
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- (2) Perform abdominal palpation to assess fetal lie, presentation, position and engagement.



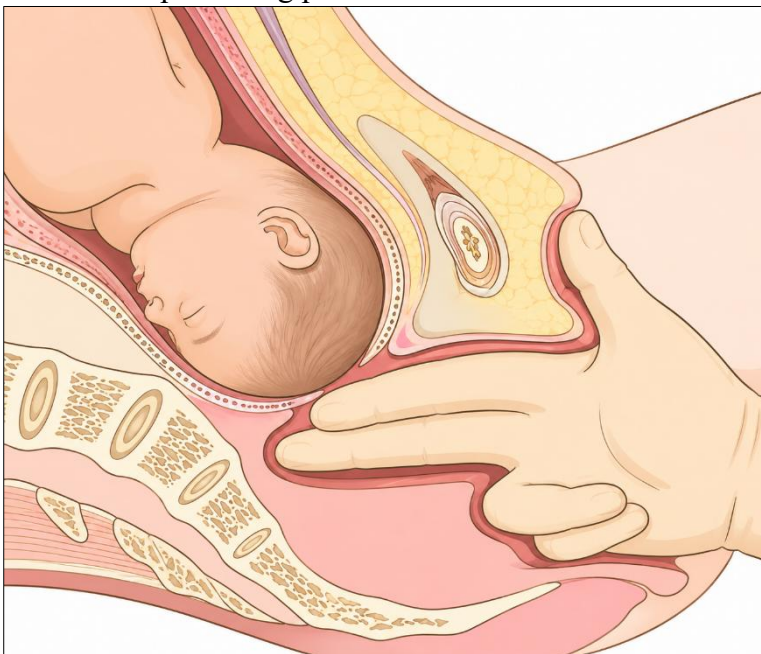
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- (3) Perform a sterile vaginal examination to assess the cervix, confirm the presenting part, assess station and exclude cord presentation.



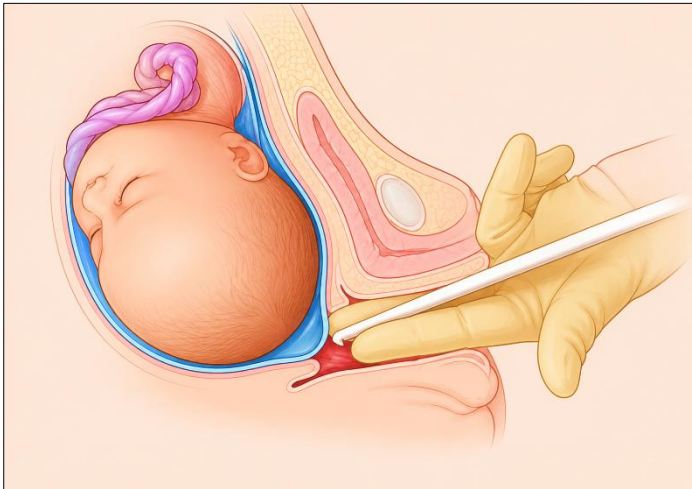
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- (4) Introduce the index and middle fingers through the cervix and place them against the fetal presenting part.



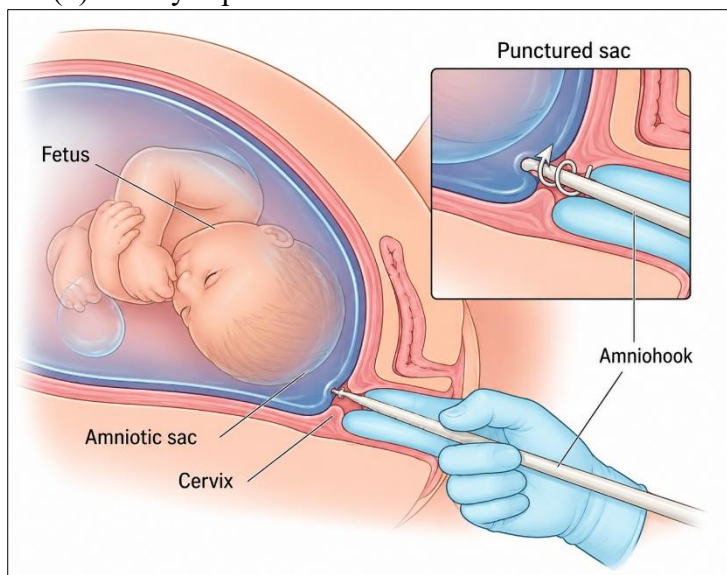
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- (5) Introduce the amnihook along the palmar surface of the fingers with the hook directed downward.



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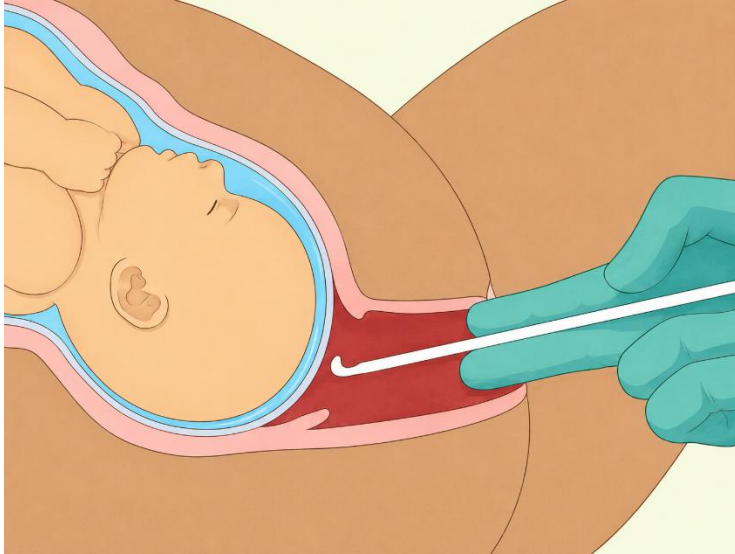
- (6) Gently rupture the membranes in a controlled manner.



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- (7) Allow liquor to drain gradually.
(8) Observe and document the colour (clear, meconium-stained, blood-stained), odour and quantity of amniotic fluid.
(9) Ensure the umbilical cord has not prolapsed.

(10) Withdraw and safely dispose of the amnihook.



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(10.4) Post-procedure Care

1. Reassess the fetal heart rate for at least 60 seconds.
2. Continue fetal monitoring according to protocol.
3. Monitor uterine contractions and labour progress.
4. Assess for cord prolapse, bleeding, fetal heart abnormalities and maternal discomfort.
5. Explain findings to the woman.

(10.5) Documentation

1. Document indication, consent, cervical findings, fetal presentation and station, liquor characteristics, fetal heart rate before and after ARM, complications and operator details.

(11) Possible Complications

1. Cord prolapse.
2. Fetal heart rate abnormalities.
3. Infection.
4. Vaginal bleeding.
5. Maternal tissue trauma.
6. Trauma to fetal presenting part.

(12) Infection Prevention and Control

1. Hand hygiene before and after.
2. Use sterile gloves.
3. Dispose of clinical waste according to policy.

(13) References

1. National Institute for Health and Care Excellence (NICE). Intrapartum care for healthy women and babies. NICE guideline NG235. London: NICE; 2023.
2. Royal Hospital for Women. Local Operating Procedure: Artificial Rupture of the Membranes (ARM). Randwick (NSW): Royal Hospital for Women; 2020.
3. World Health Organization. WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018.

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