



AMNIOTOMY



Amniotomy, also known as artificial rupture of membranes (AROM), is the intentional rupture of the amniotic sac that surrounds the fetus by a provider. AROM is often performed as part of the labor management process.

Indications

- Induction of labor
- Augmentation of labor
- To facilitate internal monitoring of fetal heart rate and uterine activity

Contraindications

- Fetal malpresentation or unstable lie
- Vasa previa or velamentous cord insertion (alterations in which fetal vessels travel through the membranes unprotected by the umbilical cord)
- Fetal head not engaged in pelvis

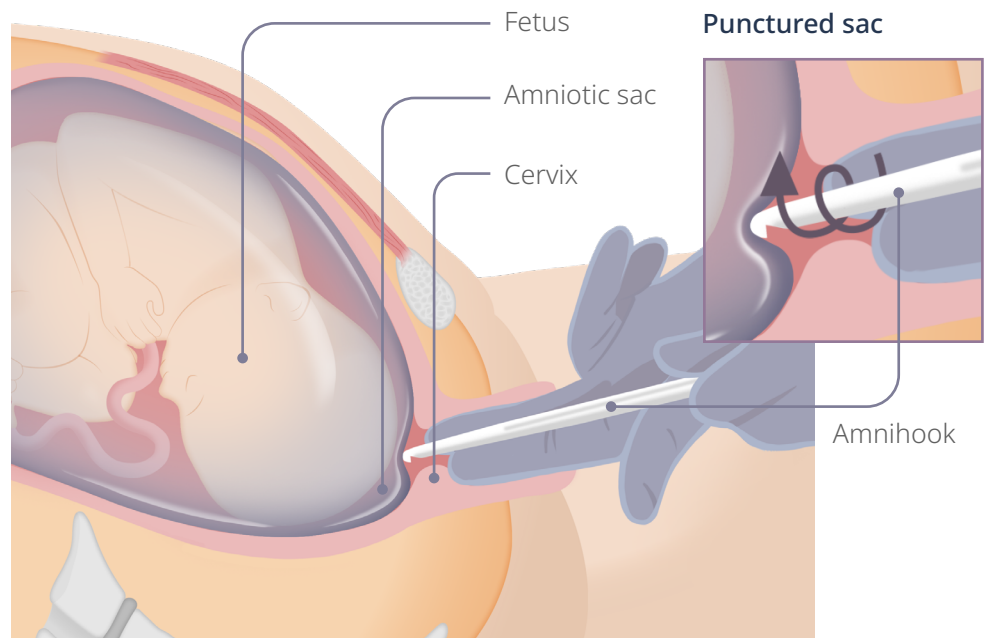
Risks of AROM

Cord prolapse:

With AROM, the buoyancy within the amniotic sac is removed and the fetus descends. If the umbilical cord is floating below a disengaged fetal head when this occurs, cord compression will result in fetal hypoxia and necessitate emergent cesarean delivery.

Infection:

Breaking the protective barrier around the fetus increases the risk of chorioamnionitis, particularly if AROM is performed early in labor.



Nursing care

Pre-procedure:

- Ensure client has consented to AROM.
- Explain procedure and answer any client or family questions.
- Assess and document client vital signs and fetal heart tones.
- Assess and document fetal station.
- Gather supplies.

During amniotomy:

- Assist client into position.
- Assist provider with supplies.
- Reassure client.

Post-procedure:

- Assess fetal heart tones immediately following amniotomy.
- Assess amniotic fluid color and odor.
- Assist client with dry gown and linens as needed.