

Rupture of Membranes Prior to the Start of Labor Contractions

Let's start with a few definitions so that we know exactly what is being defined in the case of ROM.

ROM means that your bag of waters has broken and you may or may not be having labor contractions. Your water may break with a pop and a splash and a significant amount of fluid coming from your vagina or it could be that you have a small trickle of fluid that presents itself or runs down your leg. When your water does in fact pop and splash and/or you have a significant leaking that does not go away it's possible that your midwife will want to test the fluid to confirm that it is amniotic fluid. Or she may make the assumption that it is, in fact, your sac that broke and she will ask a series of questions like...

Is it clear/what color is the water? How much water did/is leaking? Is baby moving regularly? Are you having any cramping or contractions?

Based on the answers to these questions she may suggest that you rest, or go for a walk, or complete a series of kick counts and report back, or she may decide to set up a visit with you to test the fluid.

In my practice ROM is defined as the following:

Suspected= not confirmed ROM; with leaking only, not full pop and burst, suspected forebag or hind leak. Could also be urine leaking.

Confirmed= Confirmed using an amnicator, nitrazine paper, full feeling of pop and burst with rushing waters that follow, or vaginal exam by midwife with waters that flow during exam with midwife confirmation of full ROM

When Will Labor Start?

Typically, labor contractions (at least light contractions) usually begin within 12-24 hours of Confirmed ROM. Your midwife might suggest natural things to help encourage labor to start. But don't be alarmed if it takes longer than this for contractions to get into a good, consistent labor pattern.

It's important to understand what PROLONGED ROM means and how it is treated. It's also important to remember that each care provider will treat ROM, especially Prolonged ROM differently according to their education/comfort level.

In our practice Prolonged ROM means and is treated in the following manner:

PROLONGED IS DEFINED AS: >24 hours with no contractions/start of labor or >48 hours with contractions but less than 4cm dilation in that time.

ACTIVE LABOR in this instance is defined as: >4cm dilation AND an active/consistent labor pattern using the 5-1-1 Rule.

If confirmed ROM AND consistent contractions/active labor pattern (>4cm and 5-1-1 Rule) We will do very limited vaginal exams to minimize the risk of infection, monitor labor as usual and as long as vitals and FHT remain WNL, no S&S of infection present, labor continues to progress and client wants to continue, we may continue. If at any time any of these factors change consultation/transport will be strongly urged and may, at some point, be initiated by midwife. Any refusal will be documented.

ROM with Meconium Staining

In any case of ROM where significant, thick/particulate meconium-stained fluid is present and delivery not imminent, immediate transport will be initiated by the midwife.

When light or moderate staining that is not thick or particulate is present upon ROM or at any point thereafter, the mother shall be monitored for signs and symptoms of infection through vitals and FHT shall be assessed more often than usual. Assessment/re-evaluation throughout labor is of utmost importance and will be taken seriously.

In Summary

Although ROM is fairly common and is a variation of normal in labor it is an area that will be observed and attended to with diligence because the safety of both mother and baby is one of the most important parts of every labor.