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Trust Guideline for Membrane Sweeping

A Clinical Guideline

For Use in:	Maternity Services
By:	Midwives
For:	Women suitable for membrane sweep
Division responsible for document:	Women and Children's Services
Key words:	Membrane sweeping
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Ratified by or reported as approved to (if applicable)**:**	Clinical Safety and Effectiveness Sub-Board
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To be reviewed by:	Practice Development Midwives and Midwifery Guidelines Group
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Compliance links: *(is there any NICE related to guidance)*	NICE
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

Version and Document Control

Version Number	Date of Update	Change Description	Author
4	20/09/2022	Change in gestation	Katherine Greaves

Rationale

Membrane sweeping reduces the frequency for formal induction of labour and may be offered as a choice to appropriate women wish to try non-pharmacological methods of initiating labour prior to an induction of labour. This guideline was written to assist midwives with the process of membrane sweeping as advocated by NICE.

Broad recommendations

Competence at vaginal examination is implicit. This guideline complements the Norfolk and Waveney LMNS Shared Clinical Guideline for Induction of Labour

Inclusion Criteria

- No contraindication to induction of labour.
- No contraindication to vaginal birth after a previous caesarean section.

*If VBAC is the plan of care for a woman, membrane sweeping **is** acceptable.*

- Cephalic presentation and no more than 3/5th palpable.
- Previous scans must not have diagnosed placenta praevia.
- Fetal movements must be normal.
- The fetal heart must be heard and within normal limits.
- Singleton Pregnancy.
- All women to have reached 39 weeks (by the dating scan) at first sweep (NICE, 2021).
- Offer additional membrane sweeps if first does not work.
- Sweeps may be attempted prior to 39 weeks following individual discussion and documentation with a consultant (ie from a sweep could be attempted 37 weeks with a 38 week IOL planned)
- Women with spontaneous rupture of membranes must not have a membrane sweep as it is contraindicated.

Good practice guidelines

In order to allow the woman time to consider whether she wishes to consent to this procedure, membrane sweep and induction of labour should ideally be discussed at the previous antenatal visit.
The discussion should include: alerting the woman that the procedure for membrane sweeping may cause discomfort and that a bloody show may follow, neither of which is associated with adverse fetal outcome. Research available suggests 8 women would need to have a membrane sweep to prevent one formal induction. Caution is required when interpreting these findings as it must be noted that some of the studies included in the latest Cochrane Review include sweeps on women between 37-38 weeks of pregnancy.

- The procedure can be performed in an antenatal clinic setting
  An additional home visit is not necessary to perform a membrane sweep.
- Procedure: insert finger through cervical os, reaching beyond internal os, and sweep finger through 360 degrees in an action to separate the fetal membranes from the lower pole of the uterus. Sweep more than once during the procedure, if the woman is agreeable.

This action stimulates local release of prostaglandins. If the os is closed, digital dilation of the os can be attempted or the outer surface of the cervix can be massaged digitally.

- Advise women that if successful, spontaneous labour usually ensues in the 48 hours following the sweep. The procedure often leads to a small blood loss or dislodges the 'show'. Women should be informed of this and advised to seek further advice from Delivery Suite if the blood loss is fresh, more than a small loss or that the blood loss is more than 24 hrs post sweep.

- After the procedure auscultate the fetal heart. Document consent, the procedure and the fetal heart rate in the woman's hand held records. Book formal induction of labour. If induction declined arrange a consultation appointment in Antenatal Clinic (NNUH).

- Providing that resources are available a further membrane sweep may be offered if labour has not commenced within 48 hours.

- Students may perform membrane sweeps after the first progression point (after the first year for 3 year students and after 6 months for 84 week students) under the direct supervision of a midwife. The midwife is accountable for the student's actions and therefore must have assessed the student as competent at performing vaginal examinations.

Clinical audit standards

The Maternity Services are committed to the philosophy of clinical audit, as part of its Clinical Governance programme. The standards contained in this clinical guideline will be subject to continuous audit, with multidisciplinary review of the audit results at one of the monthly departmental Clinical Governance meetings. The results will also be summarised and a list of recommendations formed into an action plan, with a commitment to re-audit within three years, resources permitting.

Summary of development and consultation process undertaken before registration and dissemination

This guideline was drafted by Rosemary Jackson and assessed by the midwifery guidelines group in consultation with members of the midwifery team including clinically based midwives, Supervisors of Midwives and Midwifery Managers. This guideline was approved by the Head of Midwifery and validated by the directors of Clinical Governance.

Distribution list/ dissemination method

Director of Midwifery
Deputy Director of Midwifery
Clinical Midwifery Managers/Matrons
Community Team Leaders (Midwifery)
Division 3 Risk/Clinical Governance Lead
Trust Intranet

References/ source documents

Boulvain, M., Stan, C., Irion, O. Membrane sweeping for induction of labour. The Cochrane Database of Systematic Reviews 2005, Issue 1, Art. No: CD000451. DOI:10.1002/14651858.CD000451.pub2.

Department of Obstetrics and Gynaecology information sheets for patients, (2021), Induction of labour – what it means, NNUH, Trust Docs ID 224 V6

National Institute of Health and Care Excellence. (2021). *Inducing Labour: NG207.*
NHS Digital. (2021). *NHS Maternity Statistics, England – 2020-21*. NHS England.

LMNS, (2022), A Norfolk and Waveney LMNS Shared Clinical Guideline for Induction of Labour, Trust Docs ID

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Monitoring Compliance / Effectiveness Table				**Appendix 1**		
Element to be monitored *(For NHSLA documents this must include all Level 1 minimum requirements)*	***Lead Responsible for monitoring*** *(Title needed & name of individual where appropriate)*	***Monitoring Tool / Method of monitoring***	***Frequency of monitoring***	***Lead Responsible for developing action plan & acting on recommendations***	***Reporting arrangements*** *(Committee or group where monitoring results and action plan progress are reported to)*	***Sharing and disseminating lessons learned & recommended changes in practice as a result of monitoring compliance with this document***
Was a membrane sweep performed. How many were performed	PDM	Audit / review		PDM	Clinical Governance Committee	The Lead responsible for developing the action plans will disseminate lessons learned via the most appropriate committee e.g. Clinical Safety Executive Sub-Board, Non-Clinical Safety Executive Sub-Board, Workforce Executive Sub-Board, Executive Board or Trust Board.
Sponteanous labour following sweep	PDM	Audit / review		PDM	Clinical Governance Committee	