

## Artificial Rupture of Membranes

Amniotomy, which is also known as artificial rupture of membranes (AROM) is a medical procedure used frequently in labor. Often, when a woman presents in labor at the hospital, her doctor will recommend "breaking the water." Many practitioners believe that AROM in early labor will hasten things along, but this is not always the case.

One concern when the water is broken is amniotic infection. This occurs in approximately 2-4% of births (1). One procedure that can lead to infection is ~~the~~ artificial rupturing of the membranes. Vaginal exams during labor and internal fetal monitoring are also contributing factors.

Neonatal pneumonia, which occurs between 2-5% of the time as a result of amniotic infection, is of great concern.(2) If a baby develops neonatal pneumonia, he may require neonatal resuscitation and respiratory support at delivery and be given antibiotics after birth.

Infections in the mother were more common in a group of women that had artificially ruptured membranes than those women whose water bag remained intact. In fact, there were no maternal infections in the mothers whose water was not broken(3).

The intact amniotic sac act as a cushion for the baby's head during the labor. When the waters are not broken artificially, they usually do so on their own when the pushing stage of labor begins.

There is no reason, medically, to break a woman's bag of waters during the course of her labor. But, it is often deemed necessary to allow for other obstetric procedures to be carried out; namely fetal scalp blood sampling and internal fetal monitoring.