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Date: 21 Jul 2017

Sources Searched: Medline, Embase, CINAHL.

Artificial Rupture of Membranes in Non-Labour Ward Setting

[See full search strategy](#)

1. Improving induction of labour - a quality improvement project addressing Caesarean section rates and length of process in women undergoing induction of labour.

Author(s): O'Dwyer, Sabrina; Raniolo, Caterina; Roper, Janice; Gupta, Manish

Source: BMJ quality improvement reports; 2015; vol. 4 (no. 1)

Publication Date: 2015

Publication Type(s): Journal Article

PubMedID: 26734422

Available in full text at [BMJ Quality Improvement Reports](#) - from Highwire Press

Abstract: Induction of labour (IOL) in maternity care is often not an area of priority in maternity services, which often results in protracted delays, a poor patient experience, and patient complaints. Caesarean section (CS) rates among women undergoing IOL at this inner city district general hospital were noted to be higher than other units nationwide. We collected pre and post-intervention data of the following outcome measures: time taken to administer prostaglandin after arrival, time taken to achieve established labour, mode of delivery, and user satisfaction scores. Our introduction of a dedicated IOL Suite, promotion of out-patient IOL, use of a single administration prostaglandin (as opposed to traditional six hourly prostaglandin), widespread staff engagement and rolling audit has resulted in positive change in the maternity unit. CS rates for women undergoing IOL have been reduced from 29% to 22% ($p=0.05$), time taken to administer the induction medication has decreased from 6.3h to 2.7h ($p=0.0001$), and out-patient induction rates have increased from 3% to 33% ($p=0.001$). We have achieved a reduction in the overall length of in-patient stay. We have also received positive feedback from both staff and patients. We used a bottom-up approach, engaging frontline staff in problem identification and pathway design. Our staff engagement questionnaire showed other benefits such as increased staff morale as a result. Collection of simple performance data and sharing of this in real time with staff acts as a valuable tool for acceptance of change and continuous improvement. Communicating plans to a large body of people is important in ensuring the success of an intervention. Staff showing disengagement may require specific detailed information to allay their concerns. Following initial successes, ongoing vigilance, and collection of audit data is key to sustaining any improvement.

Database: Medline

2. Location of induction of labour must be considered further.

Author(s): Datta, Shree; Farrant, Natasha; Opara, Elexie; Hanna, Leila

Source: Lancet (London, England); Sep 2012; vol. 380 (no. 9846); p. 976

Publication Date: Sep 2012

Publication Type(s): Letter

PubMedID: 22981114

Available in full text at [Lancet, The](#) - from ProQuest

Available in print at [Patricia Bowen Library and Knowledge Service West Middlesex university Hospital](#) - from The Lancet

Database: Medline

3. Women's experiences of cervical ripening as inpatients on an antenatal ward.

Author(s): Brown, Sheila J S; Furber, Christine M

Source: Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives; Dec 2015; vol. 6 (no. 4); p. 219-225

Publication Date: Dec 2015

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 26614604

Abstract:OBJECTIVE To gain an insight into women's lived experiences of inpatient cervical ripening, in the context of usual care, whilst they were admitted as inpatients on an antenatal ward.METHODSA qualitative design was used guided by an interpretative phenomenological approach. Seven women who had experienced inpatient cervical ripening on an antenatal ward in Wales (UK) agreed to participate in the study. Data were gathered from semi-structured interviews and analysed thematically.RESULTS Four overarching themes were identified relating to participants' support from significant others, their understanding of the procedure, perception of their own physiological sensations, and their sense of freedom within the ward environment.CONCLUSIONS Strict adherence to ward rules and procedures appeared to undermine women's experiences of cervical ripening as inpatients on an antenatal ward. Facilitating the continued presence of family members, improving the provision of information, listening to women and enhancing their perception of freedom within the ward environment are strategies that may have a positive influence on women's experiences of inpatient cervical ripening. This study has provided an insight into women's experiences of usual care, during the cervical ripening procedure, as inpatients on an antenatal ward.

Database: Medline

4. Amniotic membrane sweeping

Author(s): Heilman E.; Sushereba E.

Source: Seminars in Perinatology; Oct 2015; vol. 39 (no. 6); p. 466-470

Publication Date: Oct 2015

Publication Type(s): Review

PubMedID: 26365011

Abstract:Amniotic membrane sweeping or stripping is a safe and effective method of labor induction supported by national obstetrical organizations. While its use dates back to antiquity by both midwives and physicians there are still areas that need further research to define its role in induction of labor. A review of the literature reveals that amniotic membrane sweeping is a safe, effective, and inexpensive method of labor induction. It can be done in the outpatient setting with minimal risks so long as it is avoided in patients with contraindications. Amniotic membrane sweeping can be performed in Group B Streptococcus-positive women with studies showing no increase in untoward outcomes. However, there is no data in women infected with HIV or hepatitis. Copyright © 2015 Elsevier Inc.

Database: EMBASE

Strategy 241927

#	Database	Search term	Results
1	EMBASE	("artificial rupture of membranes").ti,ab	161
2	EMBASE	exp AMNIOTOMY/	844
3	EMBASE	(amniotom*).ti,ab	751
4	EMBASE	(AROM).ti,ab	681
5	EMBASE	(break* ADJ2 waters).ti,ab	11
6	EMBASE	(membrane* ADJ2 sweep*).ti,ab	106
7	EMBASE	(1 OR 2 OR 3 OR 4 OR 5 OR 6)	2060
8	EMBASE	("labour ward" OR "labor ward").ti,ab	1363
9	EMBASE	(7 AND 8)	27
10	EMBASE	("maternity unit").ti,ab	2860
11	EMBASE	exp "MATERNITY WARD"/	3069
12	EMBASE	(10 OR 11)	5566
13	EMBASE	(7 AND 12)	26
14	EMBASE	(outpatient* OR "out patient").ti,ab	234854
15	EMBASE	exp OUTPATIENT/ OR exp "OUTPATIENT CARE"/ OR exp "OUTPATIENT CLINIC"/ OR exp "OUTPATIENT CLINICS, HOSPITAL"/ OR exp "OUTPATIENT SERVICE"/	167354
16	EMBASE	(14 OR 15)	273685

17	EMBASE	(7 AND 16)	40
18	EMBASE	exp "HOSPITAL ADMISSION"/	153308
19	EMBASE	(7 AND 18)	54
20	EMBASE	(office OR clinic).ti,ab	380876
21	EMBASE	(7 AND 20)	34
22	EMBASE	(patient* ADJ2 preference*).ti,ab	15600
23	EMBASE	(2 AND 22)	1
24	CINAHL	("artificial rupture of membranes").ti,ab	28
26	CINAHL	(amniotom*).ti,ab	113
27	CINAHL	(AROM).ti,ab	113
28	CINAHL	(break* ADJ2 waters).ti,ab	15
29	CINAHL	(membrane* ADJ2 sweep*).ti,ab	35
31	CINAHL	exp "FETAL MEMBRANES, ARTIFICIAL RUPTURE"/	126
32	CINAHL	(24 OR 26 OR 27 OR 28 OR 29 OR 31)	361
33	CINAHL	(outpatient* OR "out patient").ti,ab	30000
34	CINAHL	(32 AND 33)	11
35	CINAHL	("labour ward*" OR "labor ward").ti,ab	272
36	CINAHL	(32 AND 35)	5
37	CINAHL	exp "PATIENT ADMISSION"/	8850
38	CINAHL	(32 AND 37)	6

39	CINAHL	("delivery ward*" OR "delivery unit*").ti,ab	267
40	CINAHL	(32 AND 39)	1
41	CINAHL	exp "PATIENT SELECTION"/	12273
42	CINAHL	(32 AND 41)	2
43	CINAHL	(office OR clinic*1).ti,ab	468278
44	CINAHL	(32 AND 43)	93
45	CINAHL	(clinic).ti,ab	47463
46	CINAHL	(31 AND 45)	4
47	CINAHL	exp OUTPATIENTS/	35187
48	CINAHL	(32 AND 47)	2
49	EMBASE	(home).ti,ab	245368
50	EMBASE	(2 AND 49)	10
51	EMBASE	exp "DELIVERY ROOM"/	2603
52	EMBASE	(7 AND 51)	8
53	PubMed	("artificial rupture of membranes").ti,ab	105
54	PubMed	(amniotom*).ti,ab	638
55	PubMed	(break* ADJ2 waters).ti,ab	11305
56	PubMed	(membrane* ADJ2 sweep*).ti,ab	564
57	PubMed	(53 OR 54 OR 55 OR 56)	12576
58	PubMed	("labour ward" OR "labor ward" OR outpatient* OR "out patient*" OR ambulatory).ti,ab,af	278091

59	PubMed	(57 AND 58)	46
61	PubMed	("day unit*" OR "maternal assessment unit*").ti,ab	232
62	PubMed	(57 AND 61)	0
63	PubMed	("day case").ti,ab	2815
64	PubMed	(57 AND 63)	0
65	CINAHL	("day unit*" OR "maternal assessment unit*").ti,ab	109
66	CINAHL	("day case").ti,ab	679
67	CINAHL	(65 OR 66)	786
68	CINAHL	(32 AND 67)	0
69	EMBASE	exp "HOME DELIVERY"/	3379
70	EMBASE	(7 AND 69)	7
71	EMBASE	(antenatal).ti,ab	39800
72	EMBASE	(7 AND 71)	48
73	CINAHL	(setting).ti,ab	141888
74	CINAHL	(32 AND 73)	45
75	CINAHL	(community ADJ2 midwi*).ti,ab	447
76	CINAHL	(32 AND 75)	0
77	Medline	("artificial rupture of membranes").ti,ab	101
78	Medline	(amniotom*).ti,ab	626
79	Medline	(AROM).ti,ab	502
80	Medline	(break* ADJ2 waters).ti,ab	17

81	Medline	(membrane* ADJ2 sweep*).ti,ab	72
82	Medline	(artificial* ADJ3 membrane*).ti,ab	3568
83	Medline	(77 OR 78 OR 79 OR 80 OR 81 4736 OR 82)	
84	Medline	(outpatient* OR "out patient*").ti,ab	151689
85	Medline	exp "AMBULATORY CARE"/ OR exp OUTPATIENTS/	60048
86	Medline	(84 OR 85)	185874
87	Medline	(83 AND 86)	21
88	Medline	exp "PATIENT ADMISSION"/ OR exp HOSPITALIZATION/	193928
89	Medline	(83 AND 88)	13
90	Medline	(office OR clinic).ti,ab	245241
91	Medline	(83 AND 90)	27
92	BNI	("artificial rupture of membranes").ti,ab	17
93	BNI	(amniotom*).ti,ab	55
94	BNI	(AROM).ti,ab	5
95	BNI	(break* ADJ2 waters).ti,ab	7
96	BNI	(membrane* ADJ2 sweep*).ti,ab	12
97	BNI	(artificial* ADJ3 membrane*).ti,ab	32
98	BNI	(92 OR 93 OR 94 OR 95 OR 96 107 OR 97)	

99	BNI	(outpatient* OR "out patient*" OR clinic OR antenatal).ti,ab	16288
100	BNI	(98 AND 99)	3
101	Medline	((labor OR labour) ADJ2 induc*).ti,ab,af	11803
103	Medline	("labor ward" OR "labour ward").ti,ab	764
104	Medline	(101 AND 103)	58
105	Medline	(setting*).ti,ab	590335
106	Medline	(101 AND 105)	574
107	Medline	exp "DELIVERY ROOMS"/	1365
108	Medline	(101 AND 107)	10
109	Medline	(suite).ti,ab	13929
110	Medline	(101 AND 109)	19
111	CINAHL	("induction of labour suite").ti,ab	0
112	CINAHL	exp "LABOR, INDUCED"/	2018
113	CINAHL	(suite OR "labor ward" OR "labour ward").ti,ab	1732
114	CINAHL	(112 AND 113)	8
115	CINAHL	(location).ti,ab	23653
116	CINAHL	(112 AND 115)	5
117	CINAHL	exp "DELIVERY ROOMS"/	1384
118	CINAHL	(112 AND 117)	23
119	CINAHL	(112 AND 117)	23

120	CINAHL	(antenatal).ti,ab	5760
121	CINAHL	(112 AND 120)	34
122	CINAHL	(ward).ti,ab	13904
123	CINAHL	(112 AND 122)	12
124	EMBASE	exp "LABOR INDUCTION"/	13318
125	EMBASE	(location).ti,ab	313602
126	EMBASE	(124 AND 125)	37
127	EMBASE	(suite OR "labor ward" OR "labour ward").ti,ab	18540
128	EMBASE	(124 AND 127)	95
129	EMBASE	exp "DELIVERY ROOM"/	2607
130	EMBASE	(124 AND 129)	42
131	HMIC	("labour ward*" OR "labor ward*").ti,ab	91
132	HMIC	((labor OR labour) ADJ2 induc*).ti,ab,af	64
133	CINAHL	exp "OBSERVATION UNITS"/	531
134	CINAHL	(112 AND 133)	0
135	BNI	("labour ward*" OR "labor ward*").ti,ab	208
136	BNI	((labor OR labour) ADJ2 induc*).ti,ab,af	701
137	BNI	(135 AND 136)	9
138	BNI	(suite OR antenatal).ti,ab	3786
139	BNI	(135 AND 138)	15

140 BNI	(ward).ti,ab	5699
141 BNI	(135 AND 140)	156
142 BNI	exp "LABOUR : INDUCED"/	3761
143 BNI	(140 AND 142)	29
144 BNI	("LABOUR : INDUCED").ti,ab,af	242
145 BNI	(140 AND 144)	2
146 BNI	(138 AND 144)	2