

## Membrane Sweeping

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<b>Approved by:</b>	Maternity Governance Meeting	
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### Key Amendments

Date	Amendments	Approved by
4 <sup>th</sup> June 2024	Document extended for another 12 months whilst under review	Maternity Governance
24 <sup>th</sup> October 2025	Document reviewed and approved for 12 months	Maternity Governance Meeting

### Introduction

As recommended by NICE (2008), prior to formal induction of labour women should be offered sweeping of the membranes as it has been shown to increase the chances of labour starting naturally within the next 48 hours.

When membrane sweeping is proposed, discussions with the women for consent should include information that membrane sweeping is not associated with an increase in maternal or neonatal infection but it is however associated with increased levels of discomfort during the procedure and may result in some vaginal bleeding.

### Competencies Required

Midwives, student midwives under supervision and medical staff.

### Patients Covered

Women from 40 weeks who have an uncomplicated pregnancy and vaginal delivery is felt to be the most appropriate mode of delivery. Women with a complicated pregnancy who have been seen by a Consultant with a plan of care in place, including instruction for membrane sweeping, and who have been informed of the induction of labour process.

### Guideline

Ensure the EDD is accurately calculated based on ultrasound scan.

Perform a full antenatal examination including abdominal palpation. Auscultate, count, record fetal heart and maternal pulse.

The woman should be encouraged to adopt a comfortable position for the procedure, maintaining her dignity and privacy at all times.

Put on sterile gloves and apply KY jelly to fingers. Perform a vaginal examination to assess the cervix and Bishops score (Appendix 1). Continue with the procedure by placing a finger inside the cervix and make a circular, sweeping movement to separate the membranes from the cervix. If the cervix will not admit a finger massaging around the cervix in the vaginal fornices may achieve a similar effect (NICE 2008).

### If any deviations from normal are detected discontinue the procedure and take appropriate action.

Following the procedure auscultate and count fetal heart, palpate the maternal pulse and record these in the Patient Held Record.

Inform the woman that she may have a consequential 'show' and she should monitor fetal movements. She should also be informed that if there is any significant PV bleeding she should contact delivery suite.

**Timing of membrane sweep:**

For low risk midwifery led care women membrane sweep is recommended for nulliparous women at 40 weeks and 41 weeks, for multiparous women at 41 weeks. Additional sweeps can be performed as required (NICE 2008). Refer for induction of labour at 40+12 spontaneous labour has not occurred.

For high risk women a membrane sweep should be in accordance with a Consultant plan of care. This can be carried out in the most suitable place home, clinic or DAU taking women's wishes into consideration. Refer for induction of labour as per consultant plan of care.

Provide written information "About Induction of Labour – Information for pregnant women, their partners and their families"; NICE (2008).

If the woman declines a membrane sweep following information regarding the procedure document in patient hand held records and refer for induction of labour at the appropriate time. Record details of the procedure in the Patient Held Record.

**APPENDIX 1**  
**Bishops Score**

0	1	2	3	Score
Post	Cntre	Ant	-	<input type="text"/>
Firm	Med	Soft	-	<input type="text"/>
3	2	1	0	<input type="text"/>
0	1-2	3-4	5-6	<input type="text"/>
-3	-2	-1	0+	<input type="text"/>
Total				<input type="text"/>

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