No7 COMMUNITY AND SECONDARY CARE PATHWAY FOR SUSPECTED SROM AT TERM (No labour) - 25.06.2025 V6

PRACTICE points

Digital vaginal examination should be avoided unless mother is contracting and in labour.

If discharge prior to IOL

Provide written information and advice women to record temperature every four hours during waking hours and report immediately if a temperature >37.4˚ C or a change in colour or smell of vaginal loss.

SUSPECTED SROM AT TERM

Telephone risk assessment
Take Full Maternal History*

GBS, meconium, vaginal bleeding. constant pain, reduced movements, feeling unwell or any language, communication barriers Abnormal Lie

YES

Immediate day unit assessment

Review Growth

Antenatal assessment
CTG if indicated

NO

Phone call within 4 hours to discuss immediate IOL or expectant management

Obstetric led care/ VBAC with no concerns

Day unit review within 12 (Timings may be altered based on maternal preference on induction and ability to attend)

For both auscultate fetal heart with sonic aid or perform CTG

Midwifery led care with no concerns

Birth centre (or home) assessment within 24 hours (auscultate fetal heart with sonic aid as part of assessment)

Good history of SROM and Liquor seen

YES

NO

Consider diagnostic testing (if available)
or
Advise patient to lie supine for 20 minutes then speculum/ Amniotic tear detected by midwife

SROM confirmed?

NO

SROM not confirmed

Consider obstetric review if second or subsequent assessment within one week Otherwise reassure the patient and discharge home. Patient to call back if fluid loss from vagina or further concerns

YES

Refer to IOL guidance (this may be offer of expectant or immediate management) Consider presentation scan.
Refer to GBS/ meconium guidance if appropriate

***Full maternal history to include:**

- Fetal movements
- Gestation
- Pregnancy history

If history unclear- ask to put a pad on and call back if SROM remains evident

If blood-stained liquor include questioning on:
Placental location, show, pain, uterine tone between contractions.
Consider: abruption, uterine rupture, placenta praevia, vasa praevia. Obstetric review if concerns

If on questioning no other risk factors identified, then blood-stained liquor SROM assessment can take place in the chosen place of birth within 12-24 hours as above.

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation.
Pathways current at time of Publication. NICE Inducing labour guidance NG 207 (2021) https://www.nice.org.uk/guidance/ng207