ORIGINAL ARTICLE

Effect of Membrane Sweeping on the Initiation of Spontaneous Labour

RABIKA BINT KHAMIS BUTT¹, AMNA KAZI², NAZISH JAVAID³, JAMSHED RAHIM⁴, HUMAIRA ZULFIQAR SAIFEE⁵, HIRA SHEIKH⁶

¹Consultant Gynaecologist, Health Bridge Hospital, Ghazi Road, Lahore

Correspondence to Dr Rabika Bint Khamis Butt, E-mail: rabikarizwan@gmail.com Cell: 0333-4446072

ABSTRACT

Background: Membrane sweeping causes induction of labour by release of prostaglandins, and other hormones. **Aim:** To determine efficacy of membrane sweeping on induction of spontaneous labour in post-date women.

Study design: Randomized controlled trial.

Place and duration of study: Department of Obstetrics & Gynaecology, Health Bridge Hospital, Ghazi Road, Lahore from 1st January 2020 to 31st December 2020.

Methodology: One hundred and fifty pregnantwomen with ≥40 weeks of gestationwere randomly divided into two groups of 75 pregnant women each. Group A were those who consented for undergoing membrane sweeping whereas group B did not undergo this process.

Results: The mean age of the enrolled pregnant women was25.7±3.05 years. The mean duration of pregnancy in group A was 40.1±0.2 weeks and in group B was 40.2±0.1 weeks. Regarding spontaneous onset of labour, in group A, 38(50.6%) patients went into labour with sweeping of membranes and in group B, 10(13.4%) patients had spontaneous onset of labour. There were only two cases of infection reported in Group A and one in group B. **Conclusion:** Membrane sweeping for natural induction of spontaneous labour.

Key words: Membrane sweeping, Labour induction, Efficacy

INTRODUCTION

The process of membrane sweeping has been long introduced in the obstetrical practice to initiate labour in cases of prolonged pregnancy since a long time¹. This is done for ripening of service when no other mechanical or chemical method is opted. The procedure has a history of 200 years, however as science and technology has widely advanced; the questions regarding its efficacy have been raised. The positive evidence whereas others elaborated modest likelihood for initiation of spontaneous delivery with the assistance of membrane sweeping^{2–6}.

The traditional method of membrane sweeping involves stimulation of uterus to contract by striping the membranes and releasing prostaglandins locally. This facilitates the induction of labour. There are many other chemical, pharmacological and mechanical methods for performing labour induction but mostly the obstetricians prefer using this technique. The membrane is separated by inserting 1-2 fingers into the cervical ox and circulating them in circular way for making the inferior pole of detaching the membrane from the lower segment of uterus. This procedure further initiates the release of prostaglandin which is imperative for labour initiation⁷⁻¹⁰.

The present study was done to assess the efficacy of membrane sweeping in post term pregnant women for their healthy delivery outcomes.

MATERIALS AND METHODS

This randomized controlled trial was conducted at

Received on 27-03-2021 Accepted on 03-08-2021

Department of Obstetrics & Gynaecology, Health Bridge Hospital, Ghazi Road, Lahore from 1st January 2020 to 31st December 2020 after permission from IRB. A total of 150 healthy pregnant women were included after their formal informed consent. These were further divided into two groups. Group A (75 women) were those who consented for undergoing membrane sweeping whereas group B (75 women) did not undergothis process.All pregnant women from the age of >18 years were included. The inclusion criteria involved women with gestational age ≥40 with medical or obstetrical complications of pregnancy such as hypertension and gestational diabetes. The demographic information was entered in well structured questionnaire. Membrane sweeping was done in Group A, by inserting well cleaned two circumferential moving examining fingers. The mechanical technique was stated from 40weeks of gestational, continued after lapse of 48 hours for maximally upto 41 weeks of gestation. Data was analyzed by SPSS version 24.0 in term of Chi square for categories and t test for nominal variables. P value < 0.05 was considered significant.

RESULTS

The mean age of group A was 25.2±3.3 years and in group B was 26.2±2.8 years. The mean duration of pregnancy in group A was 40.1±0.2 weeks and in group B was 40.2±0.1 weeks (Table 1). Regarding spontaneous onset of labour, in group A, 38(21%) pregnant women underwent induced labour through membrane sweeping. In comparison Group B with no membrane sweeping done only 10(13.3%) went under spontaneous labour. The rest of the women from group A had 6 women with forceps delivery and 12 who went under caesarean (Table 2). The comparison of Group

²Assitant Professor, Department of Obstetrics & Gynaecology, Shaikh Zayed Hospital, Lahore

³Women Medical Officer, Jinnah Satellite Filter Clinic C2, Green Town, Township, Lahore

⁴Assistant Professor, Department of Urology, Shaikh Zayed Hospital, Lahore

⁵Senior Registrar, Services Hospital, Lahore

⁶House Officer, Sharif Medical City Hospital, Lahore.

A and Group B infection and bleeding rate showed that infection chances were insignificantly different in membrane sweeping group than the controls (Fig. 1).

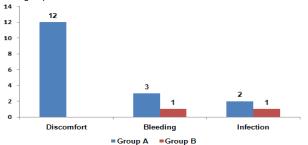
Table 1: Distribution of age between case and control groups

Age (years)	Group A	Group B	
18-24	43(57.3)	44(58%)	
25 - 30	19(25.3%)	16(21.3%)	
> 30	13(17.3%)	15(20%)	

Table 2: Comparison of delivery complications between cases and controls

Complications	Group A	Group B	P value
Rupture of membrane	38 (50.6%)	25 (33.3%)	0.051
Forceps delivery	6(8%)	4(5.3%)	0.09
Vacuum delivery	2(2.6%)	-	0.003
Normal delivery	17(22.6%)	21(28%)	0.075
C section	12 (16%)	25(33.3%)	0.04

Fig 1: Comparison of discomfort, bleeding and infection between cases and control groups.



DISCUSSION

In the present study mean age of the pregnant women was around 25.7±3.05 years. International data suggests that pregnancy at earlier than 19 years or later than 35 years are more prone towards negative outcomes 11,12. The average age appropriate for delivery is between 25-29 years 13. Unfortunately in south eastern countries like Pakistan marriages are done at early ages as also noticed in current study population that majority of pregnant women were between 18-24 years bracket.

The success rate of delivery through membrane sweeping was documented as 50.6% which is a significant figure and lead to delivery without any complications. Various literatures 14,15 have reported in favor of membrane sweeping procedure leading to normal delivery, as can also be seen in present research where the number of caesarian cases decreases by almost half in comparison to group B where no membrane sweeping was done. This procedure also reduced post term pregnancy rates.

The negative affects reported through membrane sweeping involves discomfort or bleeding as also documented in this research. However, chances of infection are very low as presented in current study as well as elsewhere¹⁶. There are studies which also describe that membrane sweeping does not decrease the risk of other complication¹⁷⁻¹⁹.

Suganya and Edwin¹ also debate on low efficacy of membrane sweeping and elaborate higher risk of infection turnover through this mechanical procedure. The reason behind that could be the enrollment of those pregnant women who are already suffering from any previous infection or are immune-compromised. As in this study and other international research did not reports any significant chances of infection in healthy pregnant women¹⁹.

Conflict of interest: Nil

CONCLUSION

Membrane sweeping is a safe and efficacious procedure for inducing labour in women or more than 40 weeks of gestation.

REFERENCES

- Suganya S, Edwin C. The historical practice of "membrane sweep" to initiate labour: does it have a role in contemporary obstetric practice?Glob J Reprod Med 2021; 8(2): 5556733.
- Word RA, Li XH, Hnat M, Carrick K. Dynamics of cervical remodeling during pregnancy and parturition: mechanisms and current concepts. SeminReprod Med 2017; 25(1): 69-79.
- Zamzami T, Al-Senani N. The Efficacy of membrane sweeping at term and effect on the duration of pregnancy: a randomized controlled trial. JClinGynecolObstetNorth Am 2014.
- Pereira S, Chandraharan E. Recognition of chronic hypoxia and preexisting foetal injury on the cardiotocograph (CTG): Urgent need to think beyond the guidelines. Porto Biomed J 2017; 2(4): 124-129.
- Galli L, Dall Asta A, Whelehan V, Archer A, Chandraharan E (2019) Intrapartum cardiotocography patterns observed in suspected clinical and subclinical chorioamnionitis in term fetuses. J ObstetGynaecol Res 2019; 45(12): 2343-50.
- Myntti T, Rahkonen L, Nupponen I, PätäriSampo A, Tikkanen M, et al. Amniotic fluid infection in preterm pregnancies with intact membranes. Dis Markers 2017: 8167276.
- Finucane EM, Murphy DJ, BiestyLM, Gyte GM, Cotter AM, Ryan EM, et al. Membrane sweeping for induction of labour. Cochrane Database Syst Rev 2020 Feb 27;2(2):CD000451.
- Alfirevic Z, Keeney E, Dowswell T, Welton N, Medley N, Dias S, et al. Which method is best for the induction of labour? A systematic review, network meta-analysis and cost-effectiveness analysis. Health TechnolAssessment 2016;20(65):584.
- Middleton P, Shepherd E, Crowther CA. Induction of labour for improving birth outcomes for women at or beyond term. Cochrane Database SystRev2018; 5:
- World Health Organization.WHO recommendations for augmentation of labour. 2014.
- Yogev Y, Melamed N, Bardin R, Tenenbaum-Gavish K, Ben-Shitrit G, Ben-Haroush A. Pregnancy outcome at extremely advanced maternal age. Am J Obstet Gynecol 2010; 203(6):558.e1-7.
- Utting D, Bewley S. Family planning and age-related reproductive risk. Obstet Gynecol 2011;13(1):35-41.
- Cavazos-Rehg PA, Krauss MJ, Spitznagel EL, Bommarito K, Madden T, Olsen MA, Subramaniam H, Peipert JF, Bierut LJ. Maternal age and risk of labor and delivery complications. Matern Child Health J 2015;19(6):1202-11.
- Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. Lancet 2014;384(9948):1129-45.
- de Miranda E, van der Bom JG, Bonse IGJ, Bleker OP, Rosendaal FR. Membrane sweeping and prevention of post-term pregnancy in low-risk pregnancies: a randomised controlled trial. BJOG 2006;113(4):402-8.
- Kabiri D, Hants Y, Yarkoni TR, Shaulof E, Friedman SE, Paltiel O, et al. Antepartum membrane stripping in gbs carriers, is it safe? (The STRIP-G Study). PLoS One 2015;10(12):e0145905.
- Avdiyovski H, Haith-Cooper M, Scally A. Membrane sweeping at term to promote spontaneous labour and reduce the likelihood of a formal induction of labour for postmaturity: a systematic review and metaanalysis. J ObstetGynaecol 2019;39(1):54-62.
- Avdiyovski H, Haith-Cooper M, Scally A. Membrane sweeping at term to promote spontaneous labour and reduce the likelihood of a formal induction of labour for postmaturity: a systematic review and metaanalysis. J Obstet Gynaecol 2019;39(1):54-62.
- Avdiyovski H, Haith-Cooper M, Scally A. Membrane sweeping at term to promote spontaneous labour and reduce the likelihood of a formal induction of labour for postmaturity: a systematic review and metaanalysis. J Obstet Gynaecol 2019;39(1):54-62.