Membrane Stripping, Membrane Sweeping–just say NO

wisewomanwayofbirth.com/membrane-stripping-membrane-sweeping-just-say-no

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I don't like to put this type of study up on my blog because I think the data is obtained unethically i.e. the women involved are not fully informed that they may get an infection, release the membranes accidentally leading to induction, be subjected to unnecessary pain and suffering, put themselves at risk for a cesarean, have a premature baby, etc. etc etc. I'm posting this because this aggressive procedure is done without hesitation by many practitioners and perhaps some women will read this and warn their friends. Gloria

Just say "no" to stripping membranes.

No Need to Sweep

Whether or not women underwent membrane sweeping, overall rates of induction, postmaturity, and prelabor membrane rupture were similar.

Membrane sweeping to move the membranes off the lower pole of the uterus, routine in obstetric care, is performed to decrease the likelihood of labor induction or postmature delivery (JW Apr 11 2006). However, concerns about premature rupture of membranes and infection have led to debate about the merits of this practice. Investigators randomized 300 women to undergo membrane sweeping at 38 weeks' gestation (with subsequent weekly sweeping) or no membrane sweeping. Participants had singleton pregnancies with cephalic presentation and anticipated vaginal delivery; women were excluded if they had indications for labor induction or cesarean delivery or had contraindications for membrane sweeping. Participants and researchers were blinded to group allocation with the understanding that this would not constitute full blinding, as patients probably would become aware of their assigned interventions.

Intention-to-treat analysis showed no significant between-group difference in occurrence of prelabor rupture of membranes (7% of women without sweeping vs. 12% of women with sweeping; P=0.19). Among women with cervical dilation 1 cm, however, 9% in the sweep group had prelabor membrane rupture versus no patients in the no-sweep group (P<0.05). Other obstetric outcomes, including cesarean delivery, spontaneous labor, induction, or postmaturity, occurred at similar rates in the two groups. **Comment**: These data indicate neither great value nor great risk from membrane sweeping starting at 38 weeks. However, subgroup analysis showed that women with cervical dilation 1 cm during late pregnancy could be at risk for prelabor membrane rupture in association with sweeping, suggesting that such women might be more sensitive to the procedure. This study excluded women with multiple gestations or those with various obstetric indications. Despite these limitations, the data suggest that there is no need to sweep.

– Sandra Ann Carson, MD

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