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OPINION: Amniotomy
APPROVED DATE: April 2017
REVIEWED DATE:
REVISED DATE:
ORIGINATING COMMITTEE:
Practice & Education Committee

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of APRN RN LPN CNA

ADVISORY OPINION AMNIOTOMY

Intent of Advisory Opinion:

In accordance with W.S. 33-21-122 (c) (iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on the practice of amniotomy. The purpose of this opinion is to guide safe practice.

Introduction: For the purposes of this advisory opinion, amniotomy, aka “artificial rupture of membranes” (AROM) is defined as either the intentional rupture of the amniotic membranes using an amnihook or the placement of an internal fetal spiral electrode through intact membranes. The Association of Women’s Health Obstetric and Neonatal Nurses (AWHONN) retired the 2009 position statement that recommended amniotomy as being outside of the RN scope of practice.¹ AWHONN currently affirms amniotomy should be considered individually by boards of nursing and facility risk management resources (C. Brown, personal communication, May 10, 2016).

WSBN acknowledges that amniotomy is within the scope of practice for the APRN with additional education, skills, and demonstrated competency when facility and patient criteria are met. An amniotomy procedure is NOT within the scope of practice of a registered nurse.

Amniotomy is a procedure with serious potential risks, including, but not limited to: prolapse of the umbilical cord; umbilical cord compression, and rupture of a vasa previa. Before performing this procedure, the APRN should carefully consider their own education, skills, and demonstrated competency as well as facility and patient criteria. Per the Advisory Opinion Refusing Patient Care Assignment,² the APRN has the right and responsibility to refuse to perform an amniotomy if they do not have adequate educational preparation or if they determine the patient or facility does not meet the requirements outlined in this Advisory Opinion.

References

¹ Association of Women's Health Obstetric and Neonatal Nurses. (2009 – retired). Amniotomy and placement of internal fetal spiral electrode through intact membranes. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 38, 370.

² Wyoming State Board of Nursing. (2014). *Advisory opinion – Refusing patient care assignment*. Retrieved from: <https://nursing-online.state.wy.us/Default.aspx?page=56>

³ American College of Obstetricians and Gynecologists. (1988). *Standards for obstetric services* (6th ed.). Washington, DC: Author.

⁴ Royal College of Obstetricians and Gynaecologists. (2014). Umbilical cord prolapse. *Greet-Top Guideline No 50*. Retrieved from: <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-50-umbilicalcordprolapse-2014.pdf>

⁵ American College of Obstetricians and Gynecologists. (2013 / Reaffirmed 2015). Committee Opinion – Definition of Term Pregnancy. *Guideline 579*.

⁶ American College of Obstetricians and Gynecologists (2009 / reaffirmed 2015). Induction of labor. ACOG Practice Bulletin, 107.