

TITLE: Foley Catheter Bulb / Cook Cervical Ripening Balloon Induction

Issuing Department:	Obstetrics
Clinical Director Signature:	
Departments Involved:	
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This procedure rescinds any previous publication covering the same material

I. PURPOSE

To define the nursing management of the patient being induced with a foley bulb or cook cervical ripening balloon for cervical ripening.

II. DEFINITION

Foley bulb / cook cervical ripening balloon induction is a mechanical method that may be used for the induction of labor.

III. CONTRAINDICATIONS

In most cases, any patient with maternal fever, vaginal bleeding or non-reassuring fetal heart rate. Patient must have no evidence of placenta previa or low lying placenta, rupture of membranes, multiple pregnancy, prior uterine surgery.

IV. PROCEDURE

- A. Physician’s, and certified nurse midwives after collaborating with physician, may insert the foley bulb as outlined below to induce labor after obtaining “Informed Consent for Foley Bulb / Cook Cervical Ripening Balloon Induction.”
- B. Completion of 39 weeks gestation will be confirmed and documented by physician or certified nurse midwife for all elective inductions. All elective inductions prior to 39 weeks must have a medially indicated reason and noted on the “Induction and Scheduled Deliveries” form.
- C. Foley bulb / cook cervical ripening balloon induction may be performed by a physician or certified nurse midwife and readily available to perform cesarean delivery during the induction process or consulted with a physician who can.
- D. Educate the patient on the procedure.

E. Obtain the following equipment:

1. Ring forceps (2)
2. Sterile gauze
3. Betadine
4. Vaginal speculum
5. 0.9% Saline 500 mL
6. 500 mL bag of IV solution (nonspecific: used for weight)
7. Foley catheter (22-24 French)
8. 20 mL syringe
9. Sterile saline
10. Stylet, if desired

F. A vaginal exam will be done prior to the insertion of the balloon catheter with documentation of cervical dilation, effacement, and position of the fetus.

G. Vertex position must be present and documented by a physician or certified nurse midwife.

H. A fetal heart rate strip of at least 20 minutes will be obtained prior to the insertion of the balloon catheter. The monitor strip will be reviewed by the physician for reactivity prior to insertion.

I. **The foley bulb catheter will be inserted by a physician or certified nurse midwife.**

1. Place the patient in lithotomy position.
2. Using sterile procedure, assist the physician/certified nurse midwife with the insertion of the catheter tip into the endo-cervix above the internal os using the long forceps.
3. Inflate the foley balloon with 30 mL of sterile water under the direction of the physician.

J. Apply tension every hour per physician/nurse midwife order.

1. Foley catheter will be taped tight to the patient's medial thigh.

K. Nursing staff to add an additional amount of sterile H₂O up to 30 cc more 2 hours after insertion or per physician / certified nurse midwife order.

L. **The Cook Cervical Ripening Catheter will be inserted by a physician or certified nurse midwife.**

1. Place the patient in lithotomy position.

2. Using Sterile procedure, assist the physician/certified nurse midwife with the insertion of the catheter tip into the appropriate cervical placement.
 3. Inflate the uterine balloon with 40 mL of sterile saline. (U-port), once inflated pull the device back until the balloon abuts the internal cervical os.
 4. Inflate the vaginal balloon with 20 mL of sterile saline (V-Port).
 5. Once the balloons are situated on each side of the cervix and the device has been fixed in place, add more fluid to each balloon in turn, to a maximum of 80 mL of fluid per balloon.
 6. Tape catheter to patient's leg.
 7. Application of tension weight is not necessary with Cook cervical ripening balloon.
- M. Oxytocin infusion may be administered concurrently per physician/nurse midwife order. See "Pitocin Induction/Augmentation" procedure OB06.20.
- N. Notify the physician or certified nurse midwife when the bulb falls out.
- O. If the balloon has not fallen out within 12 hours of insertions, it should be deflated, removed by the nurse, and physician/certified nurse midwife will be notified.
- P. If spontaneous rupture of membranes occur, device should be removed.
- Q. Document procedure in OB TraceVue.

V. REFERENCES

- A. ACOG Practice Bulletin #107. Induction of Labor. August 2009.
- B. Cook Medical Cervical Ripening Balloon Instructions for use.

VI. APPROVAL

OB Service Committee, 3/23/2015.