FOLEY CATHETER FOR CERVICAL RIPENING

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
   • Successful cervical ripening prior to induction of labour

2. PATIENT
   • A woman in whom induction of labour is indicated, where Foley catheter is considered an appropriate method of cervical ripening

3. STAFF
   • Registered midwife
   • Medical Officer
   • Student midwife

4. EQUIPMENT
   • Per vagina (PV) tray
   • Foley catheter 16g with 30ml balloon
   • 30mls normal saline or sterile water
   • lubricating jelly
   • Aqueous chlorhexidine 0.02%
   • Raytec swabs (5 pack)
   • Elastoplast or Micropore
   • Light source
   • Cardiotocograph (CTG) machine

5. CLINICAL PRACTICE
   • Perform midwifery and medical admission
   • Check indication for induction and ensure no contraindications exist to induction with Foley catheter. Contraindications include:
     ○ Ruptured membranes
     ○ Significant antepartum haemorrhage
     ○ Malpresentation
     ○ Any contra-indication to the induction of labour e.g. major placenta praevia
   • Discuss induction of labour, obtain verbal consent and document
   • Perform CTG (as per CTG - antenatal LOP) prior to insertion of Foley catheter and ensure medical officer reviews if CTG is non-reassuring
   • Obtain verbal consent for vaginal examination
   • Perform vaginal examination to confirm that cervical ripening is required, unless the previous vaginal examination documenting an unfavourable cervix was <24 hours ago with no symptoms of labour since that time
   • Advise woman to pass urine and don gown prior to catheter insertion
   • Take woman (+/- her support person) to procedure room
   • Ensure all equipment is available and that Raytec sponges are counted and documented
   • Perform cervical Foley catheter insertion with two staff members, one to assist and one to insert the catheter. Insertion should be performed by a doctor or midwife who has been trained in cervical Foley catheter insertion

…../2
FOLEY CATHETER FOR CERVICAL RIPENING  cont’d

- Cleanse vulva and vagina with chlorhexidine
- Pass speculum to view the cervix
- Clean cervix with chlorhexidine
- Check Foley catheter balloon is patent with saline prior to insertion
- Pass the Foley catheter through the cervical os with curved (Magill) forceps
- Inflate the catheter balloon with 30ml of normal saline or sterile water
- Remove speculum
- Tape the catheter to the leg with gentle tension to ensure the balloon remains at the internal os
- Place a spigot on the end of the catheter
- Complete the countable items checklist
- Perform a post-procedure CTG
- Advise woman that some PV bleeding may occur and give sanitary pad
- Assess women by 6am on the morning of the induction. If the catheter has fallen out, transfer woman to Delivery Suite. If the catheter has not fallen out, give it a gentle tug. If it still does not fall out arrange medical review by day team

6. DOCUMENTATION
- Integrated clinical notes
- Accountable Items Record Sticker

7. EDUCATIONAL NOTES
- The cervical Foley catheter works by physically dilating the cervix, disrupting collagen and causing localised inflammation, thereby increasing Prostaglandin and/or Oxytocin secretion¹
- Variations on the single balloon cervical catheter have been trialled, including use of a double balloon catheter, simultaneous use of prostaglandin and catheter, simultaneous use of Oxytocin and catheter, and extra-amniotic infusion of saline through the catheter. None of these variations have been shown to give superior results²,³ and the double balloon catheter may lead to increased pain during the cervical ripening phase and urinary retention³. There is some evidence that using higher single catheter balloon volumes (80ml vs 30ml) decreases the induction to delivery interval and need for Syntocinon augmentation⁴
- There is no significant difference in vaginal delivery rates between women who undergo mechanical methods for cervical ripening versus those who undergo chemical methods⁵. Initial research suggested a longer induction to delivery interval when using a Foley catheter compared to Prostin and other chemical methods and an increased need for Oxytocins augmentation⁵, however more recent studies suggest that induction to delivery interval using a Foley catheter is the same or shorter than if using prostaglandin gel⁶,⁷
- The chance of hyperstimulation using a Foley catheter is believed to be <1%, compared to a 4-5% chance of hyperstimulation when using vaginal prostaglandins⁵. It is therefore a more suitable cervical ripening method when hyperstimulation or precipitate labour would be particularly disadvantageous
- Unlike for vaginal prostaglandin use, there does not appear to be an increased risk of uterine rupture in women with previous Caesarean delivery using Foley catheter for induction⁷
- Outpatient cervical ripening using a Foley catheter is potentially appropriate for selected women⁸ and is currently the subject of a randomised controlled trial

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
- Induction of Labour for Women with a Post-Dates Low Risk Pregnancy
- Induction of Labour in the Birth Centre
- Induction of Labour Policy and Procedure
- Cardiotocography (CTG) – Antenatal
- Accountable Items in the birthing environment (outside operating theatre)
- Vaginal examination in labour
9. REFERENCES