CERVICAL CATHETERISATION FOR MECHANICAL CERVICAL PREPARATION

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
   - Cervical preparation prior to induction of labour

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

3. STAFF
   - Medical and midwifery staff

4. EQUIPMENT
   - Vaginal examination tray
   - Cervical catheters (as per manufacturer's instruction)
   - Lubricating gel
   - Aqueous chlorhexidine 0.02%
   - Raytec swabs (5 pack)
   - Adhesive tape
   - 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 cervical catheter.
   - Discuss induction of labour, explain procedure, obtain verbal consent and document
   - Perform abdominal palpation to confirm the appropriate presenting part, and consider ultrasound if any uncertainty
   - Perform CTG prior to insertion of cervical catheter and ensure medical officer reviews if CTG is non-reassuring/abnormal
   - Obtain verbal consent for vaginal examination
   - 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 vaginal examination to confirm that cervical preparation is required
   - Perform cervical 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 catheter insertion
   - Cleanse vulva and vagina with chlorhexidine
   - Pass speculum to view the cervix
   - Clean cervix with chlorhexidine
   - Check catheter balloon is patent with saline prior to insertion
   - Pass the catheter through the cervical os with curved (Magill) forceps
   - Inflate the catheter balloon as per manufacturer's instructions
   - Place a spigot on the end of the catheter
   - Remove speculum

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- Tape the catheter to the leg with gentle tension to ensure the balloon remains at the internal os
- Complete the countable items checklist
- Walk the woman back to her room and perform a post-procedure CTG
- Advise woman that some vaginal bleeding may occur and give sanitary pad
- Advise low risk women with a post-date pregnancy they have the option of going home overnight and to return to Delivery Suite the next morning, as advised, for assessment
- Ensure woman understands she should contact her midwife or Delivery Suite (and/or return to hospital if she has returned home overnight) if any of the following occur:
  - Spontaneous rupture of membranes
  - Ongoing fresh vaginal bleeding
  - Labour becomes established
  - She has any concerns
- Assess women who are inpatients by 0600 Hrs 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
- Contraindications include:
  - Ruptured membranes
  - Significant antepartum haemorrhage
  - Malpresentation
  - Placenta praevia
- The cervical catheter works by physically dilating the cervix, disrupting collagen and causing localised inflammation, thereby increasing prostaglandin and/or oxytocin secretion
- 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 results and the double balloon catheter may lead to increased pain during the cervical preparation phase and urinary retention. There is some evidence that using higher single catheter balloon volumes (80ml vs 30ml) decreases the induction to delivery interval and need for oxytocin augmentation
- There is no significant difference in vaginal delivery rates between women who undergo mechanical methods for cervical preparation versus those who undergo chemical methods. Initial research suggested a longer induction to delivery interval when using a cervical catheter compared to chemical methods and an increased need for oxytocin augmentation. More recent studies suggest that induction to delivery interval using a cervical catheter is the same or shorter than if using prostaglandin gel
- The chance of hyperstimulation using a cervical catheter is reported to be <1%, compared to a 4-5% chance of hyperstimulation when using vaginal prostaglandins. It is therefore a more suitable cervical preparation 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 woman with previous caesarean delivery using cervical catheter for induction
- Outpatient cervical preparation using a cervical catheter is potentially appropriate for selected women
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8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Induction of Labour for Women with a Post-Dates Low Risk Pregnancy
- Induction of Labour Policy and Procedure
- Cardiotocography (CTG) – Antenatal
- Accountable Items in the birthing environment (outside operating theatre)
- Vaginal examination in labour

9. RISK RATING

- Low

10. REFERENCES


Henry A; Madan A; Reid R; Tracy SK; Austin K; Welsh A; Challis D, 2013, 'Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial.', BMC Pregnancy and Childbirth, vol. 13, pp. 25

REVISIoN & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs group 2/9/15
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Approved Quality & Patient Safety Committee 15/4/11
Reviewed Obstetric Clinical Guidelines Group February 2011
Approved Quality Council 17/3/03

FOR REVIEW : SEPTEMBER 2020

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Induction of Labour: Information for Woman Going Home with a Cervical Catheter

- The tip of the catheter is sitting at the top of the cervix, with the catheter balloon inflated to slowly open the cervix.
- The lower part of the catheter tubing has been taped to your inner thigh. Please do not pull or tug on the tubing.
- You will have been given a pad to wear after the catheter was inserted as it is common to get some bleeding or discharge. Most women will also experience some cramps.
- The catheter may fall out overnight, or tomorrow morning before you come back to the hospital. It is common for the catheter to fall out after a number of hours, once the cervix is open enough to do so. If this happens you will usually feel as it does so, and be able to see the balloon that had been sitting above the cervix. The balloon may have some mucus or blood on it, which is common. If the catheter comes out, then please undo the taping on your inner thigh and dispose of the catheter in your normal household rubbish. You do not need to keep the catheter to bring back into the hospital. Please come in to the hospital as planned the next morning. It is not necessary to come back to hospital right away if the catheter falls out, although you are welcome to ring the Delivery Suite on 93826100 if you have any concerns.
- If the catheter does NOT fall out before you are due to come back into the hospital, please come into the hospital anyway at the scheduled time. In most cases the catheter will still be ready to come out and your doctor or midwife will be able to start the rest of your induction as planned. Please do not pull or tug on the catheter tubing or attempt to remove the catheter yourself.
- Unless you are allergic to either panadeine forte or temazepam, you will have been given two panadeine forte tablets for pain relief and two temazepam tablets to help you sleep. You do not have to take the tablets if you do not want to. They have been provided to you as many women do get some cramps and discomfort with the catheter in, and are more comfortable and sleep better after taking the tablets. These are the same tablets as those offered to women who are staying in hospital to have their induction, or to women who come to hospital in early labour then go home again. They are safe to take in pregnancy at the doses provided. Please do not take other medication without checking with a midwife or doctor. Call Delivery Suite on 93826100 if you are unsure about any medication you may wish to take.

While you have the catheter in you can:
- Wear your underpants and clothes as normal, over the top of the catheter.
- Go to the toilet normally, to pass urine or open your bowels.
- Have a shower.
- Undertake normal daily activities such as walking.

While the catheter is in you should not:
- Place anything else inside the vagina (e.g. no tampons, no sex)
- Have a bath or go swimming

If you think:
- You may be going into labour
- You may have broken your waters
- You have a fever or are otherwise unwell
- You are not feeling the baby move as you normally do or if you have any other concerns, then please ring the Delivery Suite on 93826100 (or your usual midwife if you are being looked after by a Midwifery Group Practice - MGP). The staff will help answer your question and if necessary, get you to come back into the hospital.