

Outpatient Foley Cervical Ripening

Policy #: 16.01.115
Issued: March 2018
Reviewed/Revised:
Section: Maternal Child Health

Purpose:

To ripen the cervix in an outpatient setting for the purpose of labor induction when the patient meets appropriate criteria.

Policy Statement:

- A reactive nonstress test is required prior to insertion.
- The Foley catheter balloon will be tested prior to insertion.
- External fetal monitoring will be performed for a minimum of 30 minutes following insertion. A reactive nonstress test without any decelerations is required prior to patient discharge.
- The patient will be given instructions on when to return to the Labor floor.
- The patient will be asked to return with the catheter if it is expelled.
- The Foley catheter balloon will be deflated and catheter removed 12 hours after insertion if not already expelled.
- Outpatient Foley catheter balloons are not to be used if the patient meets any of the exclusion criteria listed below.

Application:

Foley catheter placement for outpatient pre-induction cervical ripening is indicated in the following circumstances:

- Term pregnancy, over 36 6/7 weeks
- Singleton gestation
- Cephalic presentation
- Normal amniotic fluid index (AFI): 5 – 24 cm
- Bishop score < 6 (Refer to Table 1)
- Reactive nonstress test (NST) without signs of uterine tachysystole or hypertonus
- Scheduled induction of labor

Table 1: Bishop Score:

Cervix	Score			
	0	1	2	3
Position	Posterior	Mid position	Anterior	
Consistency	Firm	Medium	Soft	
Effacement	0 – 30%	40 – 50%	60 – 70%	>80%
Dilation	Closed	1 – 2 cm	3 – 4 cm	>5 cm
Fetal Station	-3	-2	-1	+1,+2

Exceptions:

Foley catheter placement for outpatient cervical ripening is contraindicated in the following circumstances:

Any contraindications to vaginal birth or induction of labor including:

- Placenta previa
- Low-lying placenta
- Undiagnosed vaginal bleeding
- Fetal malpresentation (non-vertex presentation)
- Suspected or confirmed chorioamnionitis
- Preeclampsia
- Intrauterine growth restriction (IUGR)
- Rh isoimmunization
- Fetal demise
- Rupture of membrane
- Maternal heart disease
- Known latex allergy
- Active genital herpes infection
- Previous uterine surgery
- Poor or no access to a telephone
- Unreliable transportation
- Patient febrile, temperature ≥ 100.4

Equipment

- Foley catheter with 30 ml balloon
- Insertion stylet
- Sterile water, syringe, sterile exam gloves, lubricant, tape
- Fetal monitor
- Ultrasound machine

Procedure:

The Primary Obstetric (OB) Provider will:

1. Identify the appropriate patient.
2. Discuss the risk and benefits of induction of labor with the patient, including outpatient and inpatient options.
3. Schedule the patient's induction.

The OB Care Provider (Physician or Nurse Midwife) will:

1. Perform the history and physical exam.
2. Obtain induction of labor consent and give the patient instructions on when to return to L&D.
3. Document the indication(s) for induction of labor and that criteria are met for outpatient cervical ripening.
4. Perform a vaginal exam to determine Bishop's Score prior to Foley catheter insertion.
5. Place and advance the Foley catheter beyond the internal cervical os.
6. Evaluate the patient prior to discharge: review post-foley placement NST, vital signs and patient well-being.

The RN will:

1. Obtain patient's vital signs and perform NST.
2. Gather all equipment. Test Foley catheter balloon by inflating and deflating prior to insertion.
3. Assist patient into lithotomy position.
4. Draw up no more than 35 mL of sterile water into syringe.
5. Assist OB Care Provider with insertion of Foley and subsequent balloon inflation.
6. Review with the patient instructions of when to return to L&D.
7. Tape Foley catheter to patient's leg to provide gentle traction.
8. Continue fetal monitoring for a minimum of 30 minutes after insertion.
9. Obtain patient's vital signs at the end of the fetal monitoring after insertion.
10. Notify OB Care Provider of any contraindications noted above and of the following:
 - Rupture of membranes
 - Vaginal bleeding inconsistent with normal bloody show
 - Maternal fever, temperature ≥ 100.4
 - Category 2 or 3 FHR Tracing
 - Uterine tachysystole or hypertonus
11. Deflate Foley catheter balloon and remove catheter 12 hours after insertion, if not already expelled once the patient re-presents to L&D.

Responsibility:

RN, MD, CNM

Clinical Information:

1. Cervical ripening can take hours to days to achieve while the woman is in the hospital. Prolonged induction of labor may lead to patient dissatisfaction.
2. Outpatient cervical ripening with a Foley catheter has been shown to be effective and without any increase in adverse events or maternal morbidity.

Forms:

Standard L&D discharge instructions to include returning to L&D with Foley catheter if expelled or at 12 hours after insertion.

Boston Medical Center Outpatient Cervical Ripening Using a Balloon Consent

Patient Education Outpatient Cervical Ripening with Foley Catheter

Other Related Policies:

#16.01.110 Cervical Ripening with Balloon Catheter & Pharmacologic Methods

Initiated by:

Obstetrics

Reviewed by:

Perinatal Committee

References:

American College of Obstetricians and Gynecologists (ACOG) 2009. Induction of Labor. Washington (DC): *Practice Bulletin*; No. 107, August 12.

Howard K, Gerard K, Adelson P, Bryce R, Wilkinson C, Turnbull D (2014). Women's preferences for inpatient and outpatient priming for labour induction: a discrete choice experiment. *BMC Health Serv Res*; 14:330.

Kruit H, Hekiinheimo O, Ulander VM, Aikokallio-Tallberg A, Nuppeonen I, Paavonen J et al. (2016). Foley catheter induction of labor as an outpatient procedure. *J. Perinatology*; April 14 doi:10.1038/jp.2016.62.

McKenna DS, Duke JM, 2004. Effectiveness and infectious morbidity of outpatient cervical ripening with a Foley catheter. *Journal of Reproductive Medicine*. Jan; 49(1):28-32.

Rauf Z, Alfirevic Z. (2014). Outpatient approaches to elective induction of labour: past, present, and future. *Clinical Obstetric Gynecology* 2014;57(2): 391-400.

Sciscione AC et al. (2001). Transcervical Foley catheter for preinduction cervical ripening in an outpatient versus inpatient setting. *Obstetrics and Gynecology*, Nov; 98(5 Pt 1):751-6.

APPROVAL DATE	COMMITTEE
March 2018	Perinatal Committee
April 2018	Medical Executive Committee