



Consent for Outpatient Cervical Ripening Using a Foley Balloon

Cervical ripening is the process of making the cervix soft and ready to dilate (open). Labor induction can be a long process and can take longer if the cervix is not ready (ripe). There are several options to ripen the cervix so that medications that cause contractions can be more effective. Studies have shown that cervical ripening decreases how long it takes to give birth. Cervical ripening can be done with medications (e.g. prostaglandins) or with a small balloon that is placed in the cervix and then inflated with water. Using a balloon is as effective as prostaglandins in ripening the cervix.

Studies have shown that the use of balloons when not admitted to the hospital to ripen the cervix is safe, effective and comparable to the use of balloons in the hospital.

I have discussed with my provider the different options for cervical ripening as well as the option to stay in the hospital or go home with a balloon for a maximum time of 12 hours. My provider and I have reviewed my medical history and agreed that I am a good candidate for outpatient cervical ripening using a balloon. I have discussed the risks and benefits of outpatient cervical ripening using a balloon with my provider. I have had an opportunity to ask any and all questions about this process. I understand the risks and potential benefits of using a balloon for outpatient cervical ripening. I do not have a latex allergy.

I, _____, am choosing outpatient cervical ripening using a balloon.
(name)

The cervical balloon was placed at: _____
(Date/Time)

I will return to Labor & Delivery (L&D) by: _____
(Date/Time)

I agree to return to Labor and Delivery (L&D) if any of the following occurs:

- The balloon falls out
- Labor starts (frequent or painful contractions)
- Decreased movement of the baby
- My water breaks
- Vaginal bleeding more than bloody show
- I am uncomfortable for any reason

Sign Name: _____ Print Name: _____ Date: _____ Time: _____
Patient

Sign Name: _____ Print Name: _____ Date: _____ Time: _____
Parent/Guardian Surrogate (if applicable)

Sign Name: _____ Print Name: _____ Date: _____ Time: _____
Provider/Physician/Witness (as applicable)

I interpreted the provider's explanation. (Interpreter must sign below, if applicable)

Sign Name: _____ Print Name: _____ Date: _____ Time: _____

DISCHARGE CHECKLIST (FOR NURSES)

- The patient has a copy of, has read, signed, and understands the outpatient cervical balloon consent form.
- Vertex presentation confirmed by sonogram.
- Patient has a normal amniotic fluid index (AFI) between 5 and 24 cm.
- Reactive NST before and after the balloon placement without signs of uterine tachysystole.
- Patient agrees that she has reliable transportation and contact information.
- Patient is afebrile. No maternal or fetal tachycardia.
- Patient shows understanding of the risks, danger signs, and her responsibilities.

Nurse (Print name) _____ Signature _____ Date/Time _____