Indications
- MBS ≤ 6
- Preferred cervical ripening agent if previous CS or uterine surgery, grand multiparity or known SGA/FGR
- Following dinoprostone if no/minimal effect on cervical ripening and ARM not technically possible

Contraindications
- Ruptured membranes
- Undiagnosed bleeding
- Abnormal FHR or CTG

Cautions
- Fetal head not engaged (4/5 or 5/5 above pelvic brim)
- Polyhydramnios
- Simultaneous use of prostaglandins

Insertion procedure
- Pre catheter insertion:
  - Complete pre IOL assessment complete
  - Encourage to empty bladder
- Performed by medical or midwifery staff:
  - Contact a more experienced clinician if two unsuccessful attempts
- Inflate BC with sterile water or 0.9% sodium chloride:
  - Double balloon: 80 mL each balloon
  - Single balloon: 80 mL
  - Foley balloon: 30-50 mL
- Document inflation volume and time of insertion

Post procedure
- Pulse, BP, FHR, uterine activity, engagement of fetal head and vaginal loss
  - Immediately, and repeat at 30 minutes
  - If malpresentation or fetal head 5/5 palpable after insertion, medical review required
- If observations normal, no contractions and not otherwise indicated, ongoing care as for latent first stage of labour
- CTG not required (unless other indications)

Labour care
- Remove BC
- Ongoing care as indicated

Obstetric review
- Consider:
  - Dinoprostone, or
  - Reinsert BC after 24 hours rest

12 hours after insertion:
  (If delay, escalate concerns and document plan)
- Remove BC
- Reassess in birth suite
- Recommend ARM

Moderate or severe discomfort?
- Labour commenced?
  - Yes
  - Reduce balloon volume
    - If single balloon: remove maximum of 10 mL
    - If double balloon: remove 10 mL from each balloon; then reassess discomfort and repeat, leaving at least 50 mL of residual volume in each balloon
    - Document volume removed
  - No
    - Ongoing pain/discomfort?
      - Yes
      - If not in labour, offer simple analgesia plus or minus sedation
      - Yes
      - Labour care (Birth Suite)
        - Remove BC
        - Ongoing care as indicated
      - No
      - Continue IOL
        - Recommend immediate commencement of oxytocin
      - No
      - Obstetric review
        - Consider:
          - Dinoprostone, or
          - Reinsert BC after 24 hours rest

ARM: artificial rupture of membranes; BP: blood pressure; BC: balloon catheter; CS: caesarean section; CTG: cardiotocograph; FHR: fetal heart rate; IOL: induction of labour; MBS: modified Bishop score; SROM: spontaneous rupture of membranes; ≤: less than or equal to