

# Balloon catheter

## Induction of labour

See flowchart: *Method of induction*

## Balloon catheter

### Indications

- MBS ≤ 6
- Previous CS
- Following dinoprostone if no/minimal effect on cervical ripening and ARM not technically possible
- Reduced risk of uterine hyperstimulation is desirable

### Contraindications

- Ruptured membranes
- Undiagnosed bleeding
- Simultaneous use of prostaglandins
- Low lying placenta
- Polyhydramnios
- Abnormal FHR auscultation or CTG

### Relative contraindications

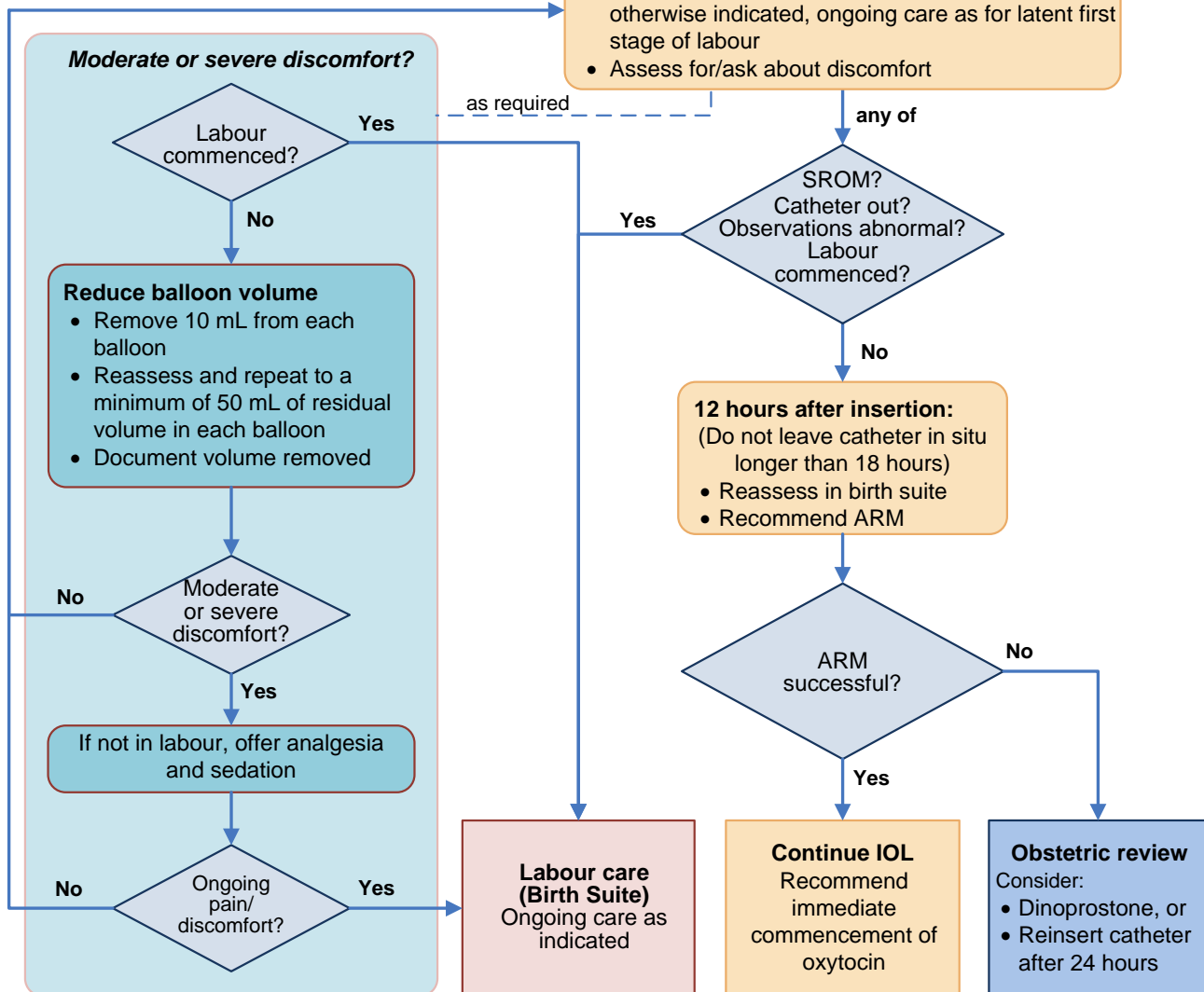
- Antepartum bleeding
- Lower tract genital infection
- Fetal head not engaged (4/5 or 5/5 above pelvic brim)

### Insertion procedure

- Pre catheter insertion:
  - Ensure pre IOL assessment complete
  - Encourage to empty bladder
- Performed by medical or midwifery staff:
  - Contact a more experienced clinician if two unsuccessful attempts
- Inflate balloon catheters with sterile water or 0.9% sodium chloride:
  - Double balloon: 80 mL each balloon
  - Single balloon: 30–80 mL
- Document inflation volume

### Post procedure observation and care

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



Queensland Clinical Guideline: Induction of labour Flowchart version F17.22-2-V6-R22

ARM Artificial rupture of membranes; BP Blood pressure; CS Caesarean section; CTG Cardiotocography; FHR Fetal heart rate; IOL Induction of labour; MBS Modified Bishop Score; SROM Spontaneous rupture of membranes; ≤ less than or equal to

