

Induction of labour with Cervical Ripening Balloon (CRB)

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Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

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إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق سهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Introduction

Labour is a natural process that usually starts on its own. Sometimes it needs to be started artificially; this is called 'induction of labour'. Most commonly, labour is induced because the baby is overdue, or because there are risks to the mother's or baby's health. Your doctor or midwife will explain the reason you are being offered induction of labour and will also discuss the risks and benefits of the process.

Inducing labour takes time, sometimes a couple of days and involves a number of steps. These include softening (or ripening) your cervix, breaking your waters, and giving you a hormone drip through your vein to encourage your contractions to start. But you might not need all these steps. This leaflet gives you information about the first stage of inducing your labour, by ripening your cervix using a 'cervical ripening balloon' i.e. the Cook® double balloon catheter.

What is a Cook® balloon catheter?

A Cook® balloon catheter is a type of cervical ripening balloon. It is a silicone tube which has two inflatable balloons which are inserted vaginally into the cervix and inflated with normal saline fluid. The inflated balloons apply gentle pressure above and below the cervix. This softens and dilates the cervix so that your waters can then be broken.



Who is CRB induction suitable for?

In our hospital, we routinely offer induction of labour using the CRB to:

- Women that have previously had a caesarean section and are now aiming for a vaginal birth.
- Women who have a small for gestational age baby identified on ultrasound scan.
- Please note, the Cook® balloon catheter is not licensed for use in women with a previous caesarean section. However, most hospitals in the UK are now using this safely and routinely for women who have had a previous single lower segment caesarean section.

What are the benefits of the CRB?

The CRB is a safe and well tolerated method of induction of labour, associated with positive birth experiences for the majority of women. It gradually softens and dilates the cervix without the use of hormonal medication. The CRB may offer several benefits over the use of hormonal cervical ripening medication, including:

- Lower risk of excessive contractions to uterus.
- Lower risk of distress to baby.
- Less pain.
- No increase in the risk of needing an emergency caesarean section compared to other induction of labour methods.
- No increase in the risk of haemorrhage.
- Minimising the risk of uterine rupture in women with a history of previous caesarean section by avoiding the use of hormonal cervical ripening medication.

What are the risks of the CRB?

The cervical ripening balloon is very safe. Like all medical interventions it is associated with a small number of risks, including:

- Discomfort during and after insertion (common but usually mild and short lasting).
- Failure to dilate the cervix (4 out of 100 women).
- Injury to cervix (very unlikely).
- Bleeding (usually mild).
- Spontaneous rupture of membranes.
- Infection (in 4 out of 162 babies).
- There is a very small increased risk of a cord prolapse with a cervical ripening balloon. A cord prolapse is a rare emergency where the umbilical cord slips ahead or alongside the baby. It requires immediate delivery, usually by caesarean section. Your obstetric team will discuss this with you and perform a risk assessment prior to your induction of labour.

What do I need to do on the day of my induction?

For the Whiston site: You will be asked to attend the Delivery Suite on the afternoon of your induction, usually around 4pm. The Delivery Suite is located on the second floor (purple zone) at Whiston Hospital.

For the Ormskirk site: You will be asked to attend the maternity ward at a pre-arranged date and time. The maternity ward is located on the third floor at Ormskirk Hospital.

There is a small possibility that your induction may be delayed in the event of emergencies on the delivery suite. We try our very best to avoid this, but it sometimes becomes necessary to ensure the safety of all of our babies and mothers. You may want to call in advance to check that it is okay to attend as planned. For Whiston site please call 0151 430 2325 and for Ormskirk site please call 01695 656919 / 6091

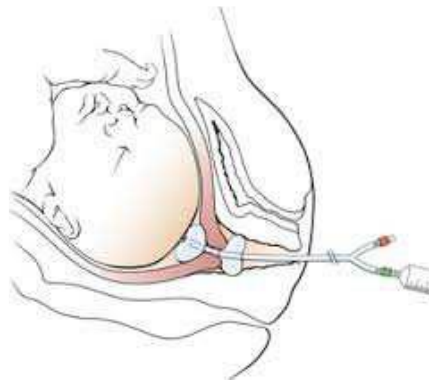
Please come with your maternity bag as you will remain in hospital until you deliver your baby. You are welcome to bring one birthing partner with you.

What happens during insertion of the CRB?

On admission we will confirm the reason for your induction and check that you wish to proceed with insertion of the cervical ripening balloon.

We will perform a cardiotocogram (CTG) to monitor your baby's heart rate before and after insertion of the CRB to ensure that this is normal. We will position you on the bed with your legs in the stirrups. An internal vaginal examination will be performed, and the CRB catheter will be inserted through the cervix.

There are two balloons, one on each side of the cervix which are gradually inflated using sterile fluid.



Due to the pressure effect from the fluid filled balloons, the CRB will naturally and gradually help to dilate the cervix. This also causes the release of some hormones that can help initiate labour. You may experience some discomfort as this happens and will be offered pain relief.

What happens when the CRB is removed?

After 12 hours, the balloons will be deflated, and the catheter easily removed. A vaginal examination will be performed to assess the cervix, and your waters will be broken. Following this you may be advised to move around for a few hours to allow time for contractions to start. If the contractions do not start or remain irregular, your doctor will discuss the risk and benefits of using the oxytocin hormone drip to help start your contractions.

It is possible that the CRB may fall out on its own. This is usually a good sign that the cervix has dilated. Please inform your midwife if this happens. The cervical ripening balloon may need to be removed earlier than planned if your labour begins, if your waters break or if baby is in distress.

What if my waters cannot be broken?

If there has been no change in your cervix, a senior doctor/consultant will discuss further options with you at this time. These may include:

- Reinserting the cervical ripening balloon. If it has been removed before 12 hours, it can be reinserted and left in for up to 12 hours, in total.
- Using hormonal medication called Prostaglandins to help soften and dilate the cervix.
- Your induction may be deferred and reattempted on another day depending on the reason for the induction and your wishes.
- A caesarean section.

Useful links

Royal College of Obstetrics and Gynaecology

www.rcog.org.uk

www.rcog.org.uk/globalassets/documents/guidelines/gtg_45.pdf

National Institute for Health and Care Excellence

Insertion of a double balloon catheter for induction of labour in pregnant women without previous caesarean section www.nice.org.uk/guidance/ipg528

Intrapartum care for women with existing medical conditions or obstetric complications and their babies www.nice.org.uk/guidance/ng121

Inducing labour www.nice.org.uk/guidance/cg70

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