

Inducing labour with a Foley balloon catheter

Maternity Services

Last reviewed: March 2024

Next review: March 2027

Information for Patients

Leaflet number: 327 Version: 2

Introduction

You have been given this information sheet as you may be offered a Foley balloon catheter induction of labour when you come for your induction of labour.

We recommend that you also read the Leicester's Hospitals [Induction of Labour](#) (328) leaflet. We will also talk to you about your induction of labour choices, but we hope these leaflets will give you some helpful information.

What is induction of labour?

In order for a baby to be born, the neck or opening to the womb (cervix) has to shorten, soften and open and there must be contractions. Your womb has a powerful muscular wall that tightens and then relaxes. These contractions gradually open your cervix. In most pregnancies this starts naturally between 37 to 42 weeks and is called 'spontaneous labour'. Induction of labour is a process used to help labour to start.

What will happen?

When you come to the hospital for induction, a midwife will talk to you about what will happen and will make sure you understand the process. Please ask any questions or talk to us about any worries you have, we are here to help.

When you arrive, the midwife will do a full check on your baby and you. They will check your baby's heartbeat using a cardiograph (CTG) machine. This gives a paper recording of your baby's heartbeat. You will have a vaginal examination (an internal examination) to see if your cervix is ready to have to your waters broken (artificial rupture of membranes or ARM). If your cervix is not ready, then we may offer you a Foley balloon catheter induction of labour.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the benefits of having a Foley balloon catheter?

The benefits of a Foley balloon catheter method of induction compared to our traditional induction method include:

- Less side effects
- Less risk of the womb contracting too often
- Drugs are not needed, so more women are able to go home during the first part of the induction process.

How is the Foley balloon catheter inserted?

- Sometimes a smooth thin plastic tube (speculum) is inserted into your cervix (like at a smear test). Sometimes this is not needed to insert the catheter.
- A soft tube (catheter) is placed into the opening of the cervix.
- The Foley balloon catheter has a balloon near the tip and when it is in the right place the balloon is filled with clean (sterile) water.
- The bottom of the Foley balloon catheter will be taped to your leg.
- The Foley balloon catheter stays in place for 24 hours, with the balloon putting gentle pressure on your cervix. The pressure should soften and open your cervix enough to start labour or for your midwife to be able to break the waters around your baby.

Going home with the Foley balloon catheter

Your midwife or doctor will check if you are suitable for **outpatient induction of labour** and talk to you about this. When possible, this reduces the amount of time you need to stay in hospital before your labour begins.

During the time you are at home, you can do things as you would normally, for example, showering, having a bath or walking. However, please avoid having sex. After going to the toilet please wash your hands, make sure the catheter is clean and change your underwear regularly.

Please phone the Labour ward if you have any of these so that a midwife can give you advice:

- Bleeding from the vagina
- Contractions
- Concerns about the baby's movements
- You feel unwell
- The waters around the baby break
- The Foley balloon catheter falls out

Leicester Royal Infirmary: 0116 2586 451 or 0116 258 6452

Leicester General Hospital: 0116 258 4807 or 0116 258 8310

What happens when the Foley balloon catheter is removed?

The Foley balloon catheter may fall out by itself as the cervix opens or if you go into labour. If not, it will be taken out the next day. The midwife will remove the water inside the balloon using a syringe at the outside end of the catheter, and then gently pull the tube out. After this, the midwife will try to break your waters. If it is not possible to break your waters the midwife will discuss with you the option of having a prostaglandin pessary to help the cervix to open.

After your waters have been broken, if contractions do not start by themselves, a hormone 'drip' will be used to start your labour.

What if I do not want a Foley balloon catheter induction?

Other options will be available. You may choose to have medication (prostaglandin pessary such as Propess® or Prostin) to open the cervix. For more details, please read the Induction of Labour leaflet 328 on YourHealth <http://yourhealth.leicestershospitals.nhs.uk/>

What are the complications or risks?

The procedure can be uncomfortable but it should not be painful. There is a very small risk of infection.

Unlicensed use

You need to be aware that although Foley catheters are widely used all around the world to induce labour, the company have not got a license for this. There have been many research trials that have shown that this is a safe, effective method of induction. If you would prefer not to have this treatment, you can choose to use a prostaglandin pessary instead.

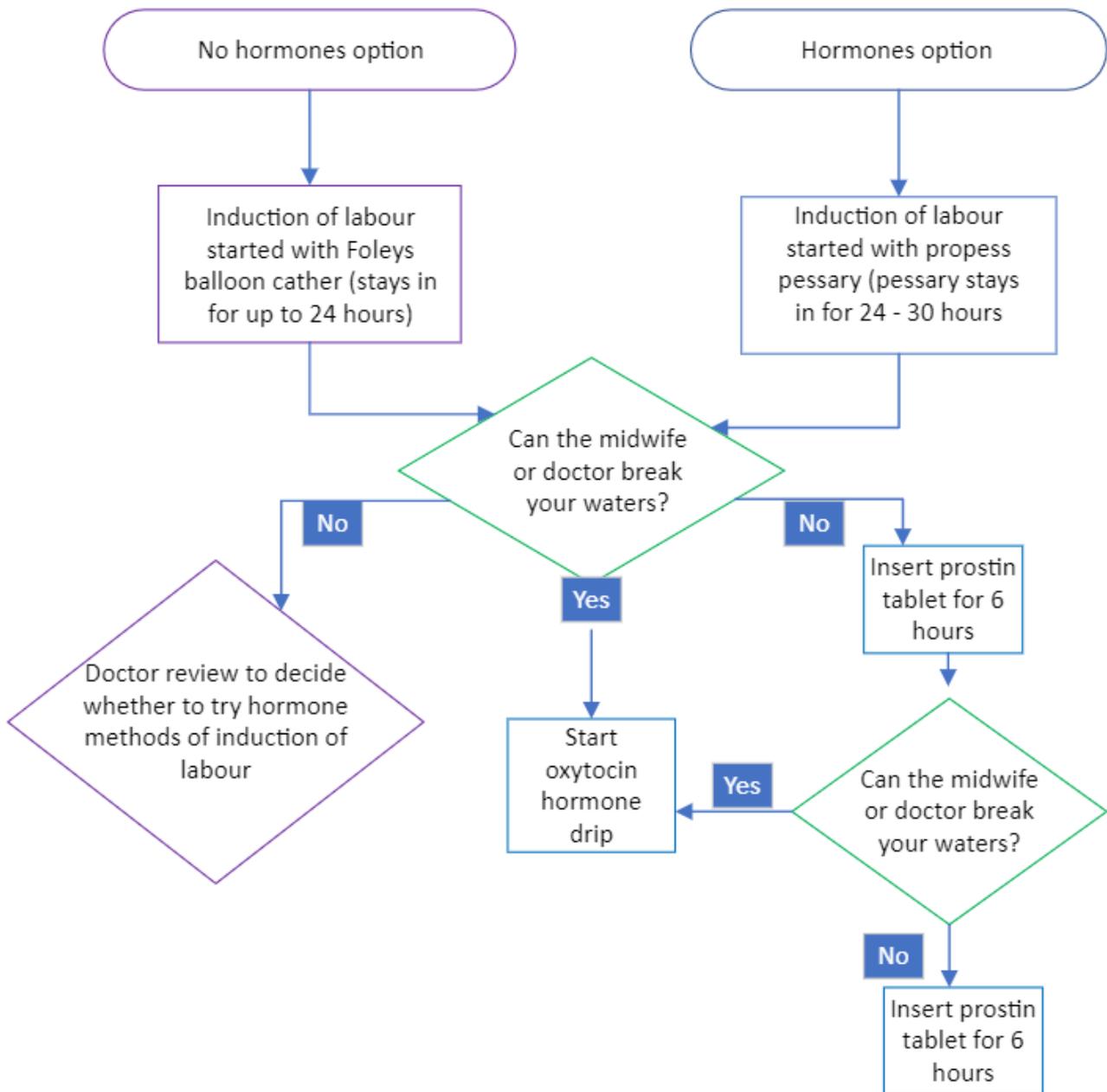
The person inserting the Foley balloon catheter may be having training to insert this, but will always be supervised.

What happens if induction of labour fails?

In a small number of women, induction of labour is not successful even after repeated attempts. You can discuss your on-going plan with the consultant obstetrician so that a plan for birth can be put into place. It may be that a caesarean section is recommended.

Induction of labour journey

The flow chart below summarises the induction of labour journey. Please speak with your midwife when you attend hospital for your induction of labour, they will discuss which method of induction of labour is most appropriate for you and your individual situation.



After your waters have been broken, if contractions do not start by themselves, a hormone 'drip' will be used to start your labour.

Place of birth

Most inductions of labour happen on the obstetric delivery suites so that you and your baby can be closely monitored through labour and birth.

If your pregnancy is 'low risk' and you are being induced because your pregnancy is past the due date, it may be possible to use the birth centre. This can only be used as long as you only need 1 method of induction (for example, only Propess® or only ARM). Please talk to your midwife about this when you arrive for induction of labour.

Choices of pain relief

During the induction of labour process, you will have a choice of pain relief such as

- paracetamol or dihydrocodeine,
- pethidine injection,
- gas and air (Entonox) or
- epidural.

Your midwife will discuss with you the best type of pain relief for the stage in the induction process you are.

If your pregnancy is 'low risk' and you are being induced because your pregnancy is past the due date, it may be possible to use the birthing pool as long as an oxytocin hormone drip is not needed. The birthing pool cannot be used with the oxytocin drip.

Choosing not to have your labour induced

If you decide not to have your labour induced your wishes will be respected.

- Your midwife will refer you to the obstetric team to discuss and arrange other options for your pregnancy.
- It is important you check your baby's movements closely. Contact the maternity assessment unit if you are concerned.
- It is important that you spend time discussing your decisions with the team so that a plan can be agreed.
- It is important that you attend all of your appointments, so that we can respect your wishes whilst also looking after the wellbeing of you and your baby.

Visiting you in hospital

Some women will be encouraged to stay in hospital for monitoring.

To keep the privacy and dignity for all the other women admitted to the ward or delivery suite, we may ask you to limit your birth partners.

Please check visiting arrangements and restrictions with staff.



Contact details:

Leicester Royal Infirmary: 0116 258 6451 or 0116 258 6452

Leicester General Hospital: 0116 258 4807 or 0116 258 8310

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على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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