



Patient Information Leaflet

Induction of labour with a cervical balloon

Produced by:
Maternity Department

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, опитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টলেফি এন ইংরেজি কথা কটে জিজ্ঞাসা করুন এবং সাহায্য করুন

What is induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks. Induction of labour is a process that is designed to start the labour process artificially.

Why do I need to be induced?

The most common reason for induction of labour is a prolonged pregnancy.

After 41 completed weeks of pregnancy, there is an increased risk of a baby developing problems as the placenta becomes less efficient.

If you have a medical condition such as diabetes or pre-eclampsia, you may need to be induced before term. These conditions can slow the growth rate of your baby in the latter stages of pregnancy, making early delivery safer than continuing the pregnancy.

For further information on the induction of labour, please read the induction of labour leaflet.

What is balloon induction?

A balloon is inserted into your cervix and inflated to dilate your cervix so your membranes can be broken.

Who is balloon induction suitable for?

Balloon induction is mainly used for women that have previously had a caesarean section and are now aiming for a vaginal birth.

How does balloon induction work?

The balloon rubs against and stretches the cervix causing it to produce a hormone called prostaglandin. The prostaglandin causes the cervix to become shorter and soften (ripening). This prepares the cervix for labour and allows your midwife or doctor to break your waters.

Sometimes, the release of hormones as the cervix stretched is enough to trigger your waters to break naturally and for labour to begin.

How is the balloon catheter fitted?

First a tracing of the baby's heart will be done to check the heart rate and ensure all is well. Then you will be asked for your consent to perform a vaginal examination. This allows assessment of your cervix in preparation for the balloon to be inserted. The balloon is then inserted into the cervix and the balloon is gently filled with fluid to apply pressure to the walls of the cervix.

How long does it take?

The balloon catheter is kept in place for 12–24 hours. It then either drops out of the cervix or is removed. At this point, it should be possible to break your waters. An instrument called an amnihook is passed through the cervix and used to create a small hole in the membranes surrounding your baby. This allows the fluid surrounding your baby to drain away.

However if labour begins while the balloon is still in place, the balloon will either be taken out by your midwife or fall out.

Are there any risks or complications?

Inserting the balloon into the cervix is uncomfortable, but not normally painful.

There is a very small risk of infection that would mean your baby would have to be delivered by a caesarean section.

How successful is the cervical balloon?

The balloon softens and widens the cervix enough for the waters to be broken in 96 out of 100 women.

What if the balloon doesn't work?

If the cervix is not dilated enough for the doctor to insert the balloon or if the balloon doesn't soften the cervix enough for the membranes to be broken, a caesarean section may be necessary. Your Doctor will discuss this with you.

Why do we use the cervical balloon and not the prostaglandin pessary or gel?

The prostaglandin pessary or gel is used in some women to induce labour. However, it is not suitable for those that have had a previous caesarean section because it can cause the womb to contract too strongly. This is a particular risk in women with a previous caesarean section because the scar is a weak point on the womb wall and there is a risk of it rupturing.

Although the balloon also causes the production of prostaglandins, the contractions are not as strong because the gradual stretching of the cervix releases the prostaglandins slowly.

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If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.