Is use of a Foley catheter for cervical ripening in an outpatient setting safe?

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Context. For women with low-risk pregnancies, in-hospital observance during cervical ripening might not be necessary.

Objective. To assess the safety and possibility of an outpatient setting of Foley catheters used for cervical ripening, adverse outcomes were surveyed in hospital setting among women with low-risk pregnancies.

Methods. Patients. From September 2012 to September 2014 all women who underwent cervical ripening by a Foley catheter were identified. Women with high-risk pregnancies were excluded. Interventions. None. Outcome measures. Serious adverse outcomes were caesarean sections or stillbirths during cervical ripening. Secondary outcomes included discomfort that required extra medical attention during preinduction. A multivariate analysis was performed to identify patient characteristics associated with receiving extra medical attention.

Results. Among 478 women, 338 met the criteria for analysis. No serious adverse outcomes were recorded. A return rate of 49 women (14.5%) was predicted due to contractions in 14 women (4.1%), vaginal blood loss in 10 (3.0%) women, fluid loss in 9 (2.7%) women, reduced fetal movement in 14 (4.1%) women and/or a pressure sensation of the balloon in 3 (0.9%) women. A multivariate analysis indicated overweight (BMI 25.0 - 29.9) was significantly associated with extra medical attention during preinduction (adjusted OR 2.17; 95% CI 1.05-4.43). Age, parity status and the indications for induction showed no significant differences for secondary outcomes.

Conclusion. In a low-risk population, the Foley catheter appears to be a safe method of cervical ripening with no risk of serious adverse outcomes, which causes minimal discomfort, requiring only a limited amount of extra medical attention. Hence, the findings of this study justify use of Foley catheters in an outpatient setting for women with low-risk pregnancies.