York Teaching Hospital
NHS Foundation Trust

Induction of labour with cervical dilator balloon

Information for patients, relatives and carers

ⓘ For more information, please contact your Midwife

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Caring with pride

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What is induction labour (IOL)?

This is the process of starting labour off in women who have gone past their estimated date of delivery (EDD). This happens with at least one out of every 10 women.

What are the methods of inducing labour?

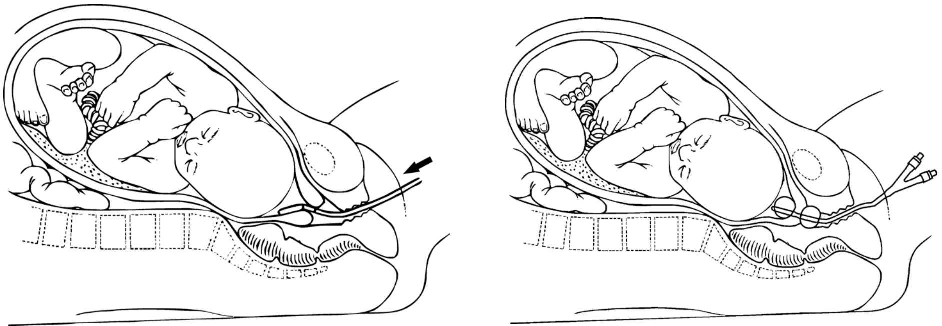
There are two main methods of inducing labour:

1. A prostaglandin preparation which can be inserted into your vagina. This will be a gel, tablet or a slow release pessary.
2. The bag of waters (membranes) surrounding your baby may be pierced. This is called “artificial rupture of membranes” (ARM). Labour often follows this, or may be stimulated with a hormone infusion called oxytocin or Syntocinon.

However, these two options are not suitable for some women. Prostaglandins may cause very strong contractions, with a risk of rupture if there is a scar on the womb. For this reason, they are usually avoided in women who have had a caesarean section in the past. ARM may be difficult or not appropriate if your cervix (the neck of your womb) is closed. This leaves a number of women, particularly those who have had a previous caesarean section who now wish to have a baby normally with little option but to have another caesarean section.

What is a cervical dilator balloon?

A cervical dilator balloon is similar to a catheter which is usually inserted into the urinary bladder. A cervical dilator balloon is designed to go through the neck of your cervix and sit just inside your womb. It has a double balloon at the tip, which is filled with sterile fluid (saline), after the balloon has been properly sited. This balloon slowly and gently opens the cervix, allowing labour to start or making an ARM possible. This makes induction of labour possible for women who would not have been able to have the two usual methods described above.



What does the procedure involve?

The balloon is only used in special situations, your Consultant Obstetrician or other senior doctor will have discussed this with you. The balloon is inserted through your cervix, similar to when a catheter is passed into the bladder. The balloon is inserted by a doctor. You will be awake and an anaesthetic is not needed as it may be uncomfortable but not painful. Once the balloon is inserted and filled it stays in place for up to 24 hours. Your cervix will usually be dilated enough to allow the balloon to fall out before the 24 hours is up. It will not be put back in as it should be possible to perform an ARM (and use a drip) once it falls out.

What are the risks from inserting the balloon?

The balloon is made out of a soft clear plastic called silicone. It will not cause any harm to your baby. Risks from its use are infrequent, overall, less than one in 1000.

- Your membranes may be accidentally broken whilst the balloon is being inserted. This will not stop the balloon from working but your doctor may recommend that a Syntocinon drip is now a better option.

- Some women have reported that while the balloon is being filled they have felt faint. This usually eases off when the procedure is stopped. The procedure can be done a bit more slowly once it is better tolerated.

- There is a small risk of infection as this is a catheter being put into a body cavity. If an infection is suspected in your womb, your baby will need to be delivered by the quickest possible method. This will not necessarily be by caesarean section (CS).

- The balloon may not achieve its purpose, the cervix may not dilate. In this case, a caesarean section will be recommended.

What are the benefits?

If the procedure is successful, you may be able to have labour induced.

Successful induction of labour gives you a chance to have a normal birth, with further benefits of avoiding surgical risks and leaving hospital earlier.

Are there any Alternatives?

The realistic alternative for women with previous CS is a planned repeat CS as the current practice is to avoid induction of labour with prostaglandins in this group of women.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Maternity Services Patient Information Group, c/o Patient Leaflet Team, Risk and Legal Services, 98 Union Terrace, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 721045 or 725230 or email us at patient.information2@york.nhs.uk.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

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PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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