Outpatient Balloon Induction of Labour – Why isn't it happening?

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Background

Outpatient balloon catheters are a safe and highly effective method of cervical ripening for induction of labour (IOL) in low risk nulliparous women (1) with high satisfaction (2) as well as cost effective with low likelihood of adverse outcomes (1).

Aim

To audit rates of outpatient balloon catheter IOLs.
To understand the reasons for inpatient balloon cervical ripening in women eligible for outpatient IOL.

Methods

Retrospective audit of eligible nulliparous women undergoing IOL with balloon catheter cervical ripening between 01/02/2021 and 31/06/2021. Data collected included planned place of IOL (inpatient/outpatient) and actual location (inpatient/outpatient) of cervical ripening. Reasons for cervical inpatient ripening were recorded.

Results

- Sixty-nine (69) women were identified as eligible for outpatient balloon but 38 (55%) were booked as inpatient
- Reasons for inpatient booking were unclear or stated to be factors which were not contra-indications to outpatient management (e.g. midwifery group practice, large for gestational age)
- Of the 31 women who were booked for outpatient cervical ripening 4 (13%) remained inpatients following insertion due to clinical issues identified e.g. decreased fetal movements, bleeding, pain not controlled by analgesia or hypertension.
- 3 outpatient women (9.6%) were readmitted earlier than planned due to pain

Discussion

Of the women eligible for outpatient balloon IOL only 45% were planned as outpatient management with only 39.1% remaining outpatients during their IOLs. There is room to improve rates of booking outpatient balloon cervical ripening as they are cost effective, low risk and highly satisfied by patients. Understanding barriers to outpatient balloon IOL and further education of staff may be required to increase outpatient balloon cervical ripening.

References

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2. Brown, K. & Beckmann, M. (2017). Induction of labour using balloon catheters and prostaglandin gel. ANZJOG, 57(1), 68-73.