

# Foley catheter as a mechanical method in cervical ripening in high-risk pregnant women.

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## INTRODUCTION

In recent years there has been an increase in the number of pregnant women who require induction of labor, so maternal and fetal safety must be prioritized. The success of induction depends mainly on the cervical characteristics, so it is necessary to identify those patients who require cervical ripening, being the Foley catheter a safe and effective mechanical method. The Foley catheter is a mechanical method with indication in preinduction for more than 50 years. The mechanism of action is twofold: it exerts physical pressure on the cervix, favoring dilatation and at the same time stimulating the release of prostaglandins.

## OBJETIVES

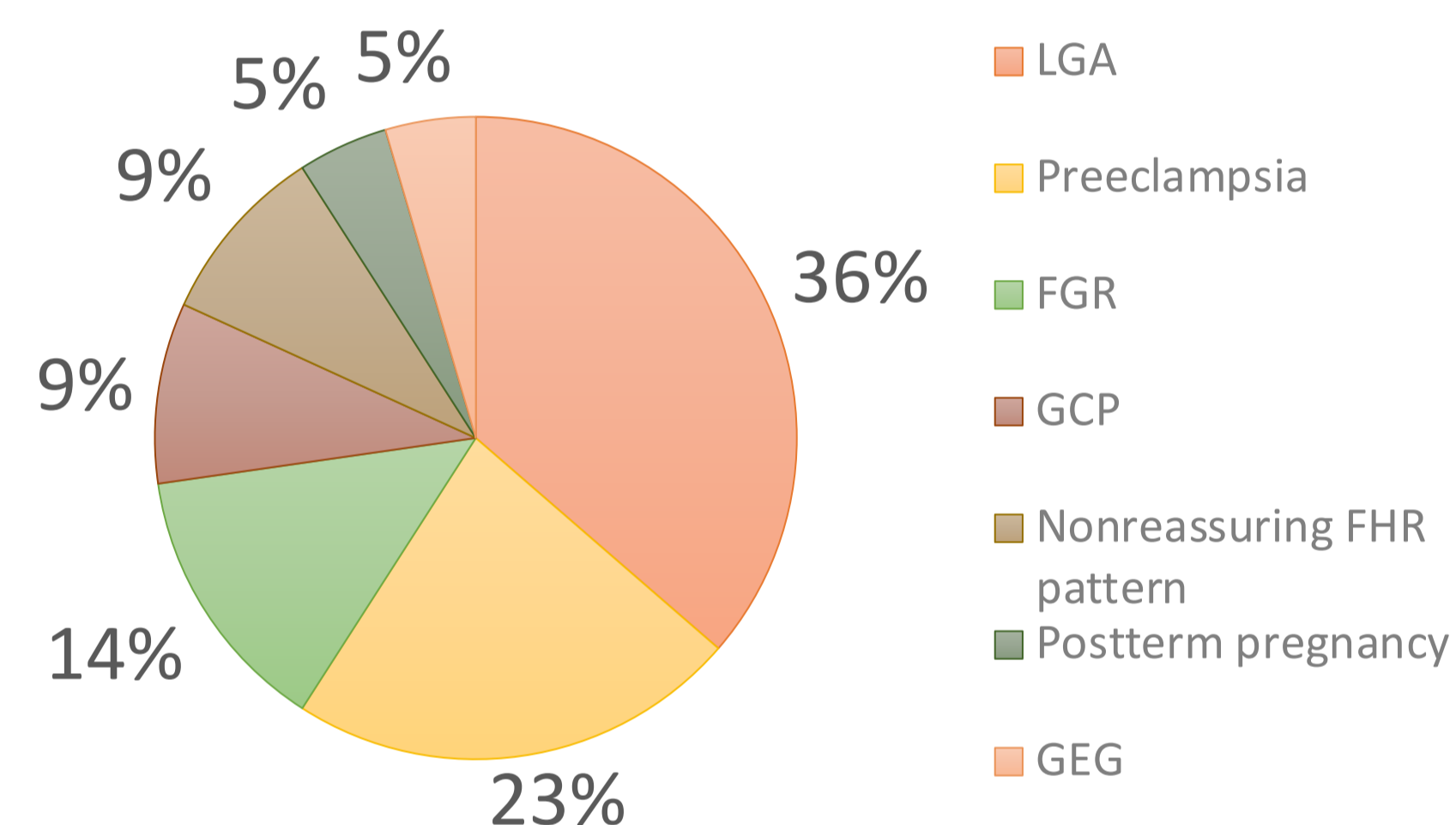
- MAIN: To analyze the success rate of vaginal delivery after cervical ripening with Foley catheter in high-risk pregnant women.
- SECONDARY: To know the different variables that may influence the outcome and complications derived from the procedure.

## RESULTS ACCORDING TO INDUCTION INDICATION

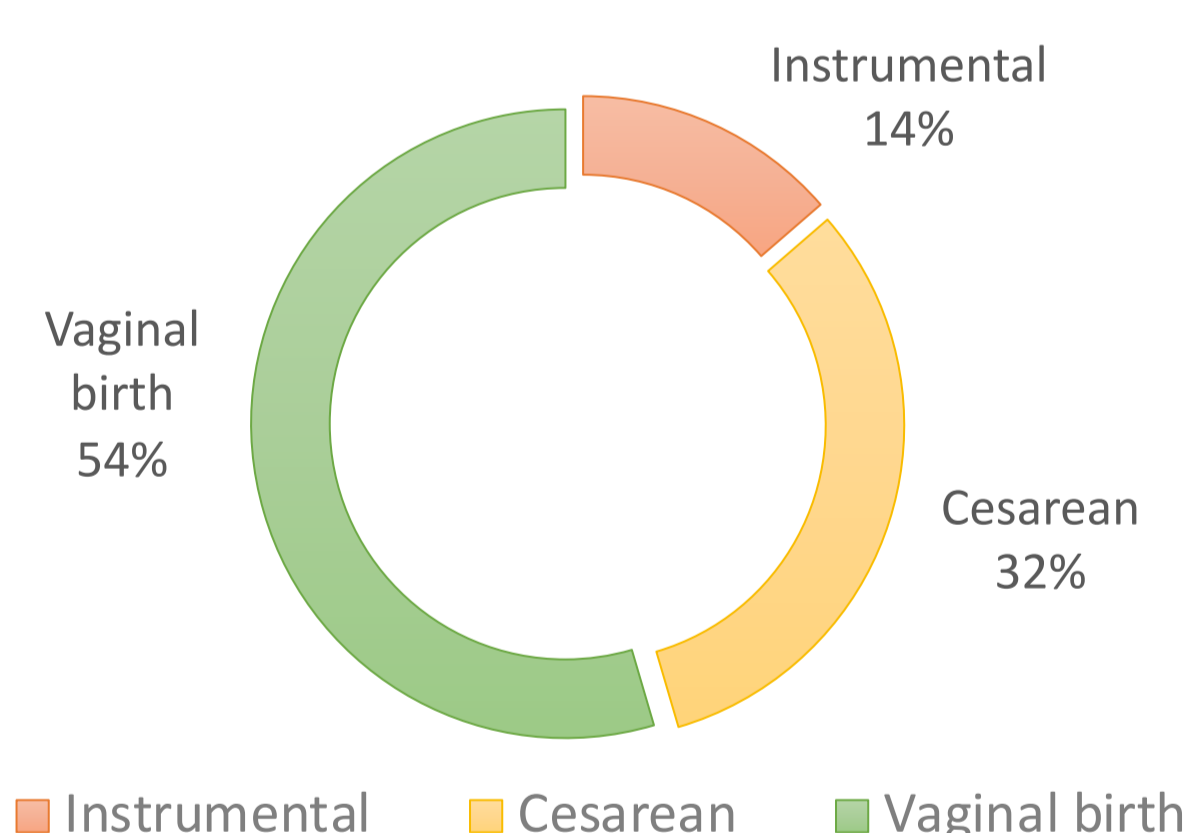
Total of 23 Foley inductions.

### INDICATION:

- 36%: Large for gestational age
- 23%: Preeclampsia
- 14%: Fetal growth restriction

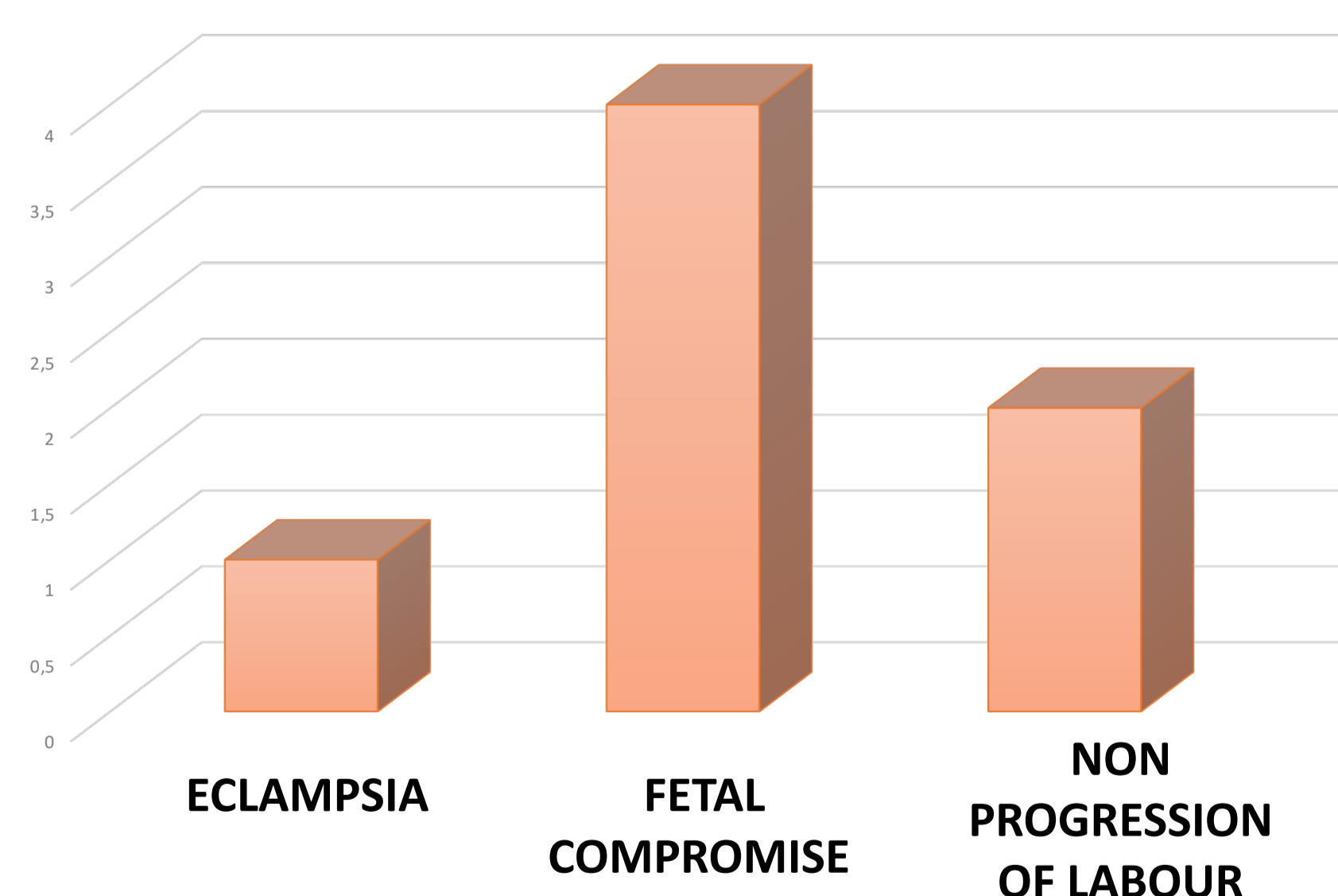


## RESULTS ACCORDING TO TYPE OF DELIVERY

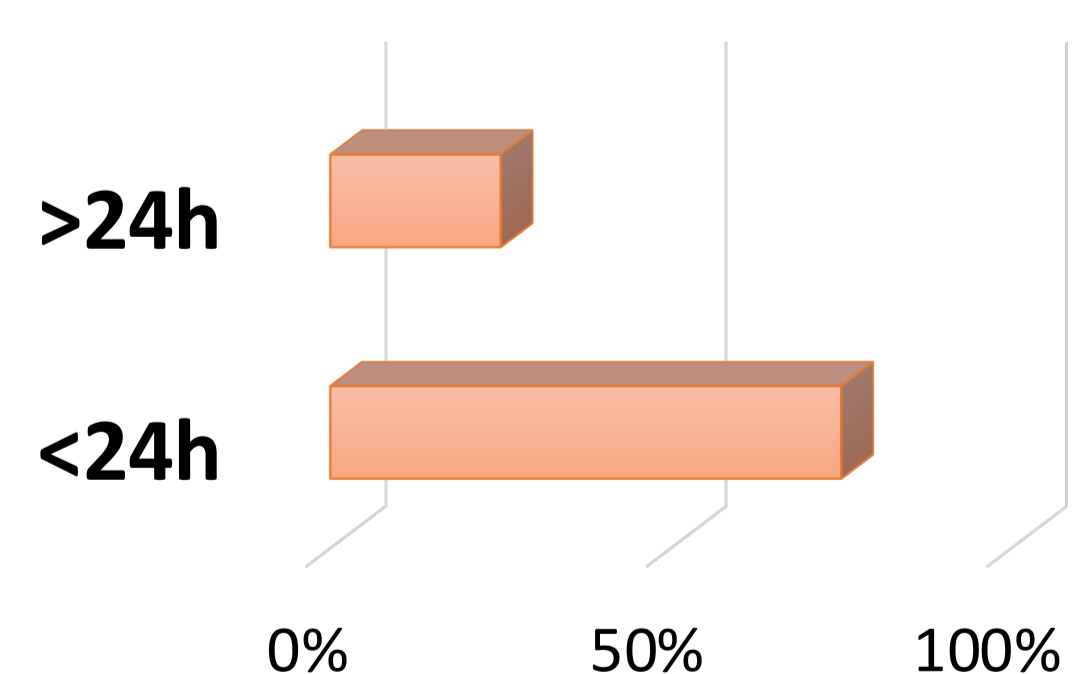


- 54% Vaginal delivery:
  - 75% was in less than 24h
- 32% cesarean section:
  - 57,14% fetal compromise
  - 28,57% Non progression of labor
- 14% Instrumental delivery

### INDICATION OF CESAREAN DELIVERY



### VAGINAL DELIVERY



## CONCLUSIONS

Despite having a small sample size, it can be concluded that the Foley catheter as a mechanical method used for cervical ripening in high-risk patients has demonstrated low maternal and fetal morbidity with a considerable success rate of vaginal delivery in less than 24 hours.

## MATERIAL AND METHODS

Retrospective observational study in pregnant women induced by Foley catheter from October 2022 to March 2023 at the Infanta Cristina university hospital of Parla.

### We will analyze:

- Type of delivery;
- Indications;
- Variables that impact the outcome.

### Exclusion criteria:

- Rupture of membranes prior cervical ripening
- Placenta previa
- Need for prostaglandins due to failed cervical ripening.

### Inclusion criteria:

- Previous cesarean section.
- Fetal growth restriction (FGR)
- Nonreassuring FHR pattern
- Conditions of uterine overdistension:
  - Estimated fetal weight above the 90th percentile
  - Twin gestation
  - Polyhydramnios
  - Parity greater than 4 deliveries

## RESULTS OF CERVICAL RIPENING

Cervical modification was assessed by the value obtained with the BISHOP. 45% favorably modified the neck by acquiring a BISHOP greater than 6.

% PREGNANTS	BISHOP
23%	< 3
32%	4-5
45%	> 6

## MATERNAL-FETAL MORBIDITY RESULTS

### MATERNAL:

Only one patient began with fever in the active phase of labor. There was no evidence of the rest of the complications studied: chorioamnionitis, uterine rupture, postpartum hemorrhage.

### FETAL:

91.3% acquired an apgar score greater than 9/9 and only one case required resuscitation.

## OBSTETRICAL ANTECEDENTS

Of the patients studied:

- 63% were under 35 years of age.
- 36% patients were primiparous
- 26% had a previous cesarean section.

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