FREQUENTLY ASKED QUESTIONS

Cervical Ripening Balloon with Stylet

Device use

Q: Why does the CRBS have two balloons?

A: Because the two balloons create convergent pressure from both sides of the cervix, unlike a single-balloon catheter, which creates pressure only on one side. Having two balloons also allows the device to maintain consistent pressure on the cervix throughout the dilation process.

Q: What is the optimal inflation volume for the balloons?

A: The optimal inflation volume varies by patient. The inflation volume for the two balloons can range from a minimum of 20 mL (for the vaginal balloon) and 40 mL (for the uterine balloon) to a maximum of 80 mL for both balloons.

Q: Do I need to add traction with the CRBS?

A: No, traction is unnecessary, because the vaginal and uterine balloons apply consistent pressure to the cervix throughout the dilation process.

Q: How can I know if the balloons are properly placed? And when should I remove the stylet?

A: After the tip of the catheter has traversed the cervix and the uterine balloon is above the internal os, remove the stylet and advance the catheter until the vaginal balloon is within the cervical canal.

Patients

Q: Can the patient get up and move around with the CRBS in place?

A: The device's Instructions for Use do not say that the patient must remain in bed. Whether or not the patient is allowed to move around is up to the physician's discretion.

Q: Can the CRBS be used for nulliparous patients, multiparous patients, or multiple gestations?

A: The Cervical Ripening Balloon has been shown to improve Bishop scores in nulliparous women in comparison to 30 mL Foley balloon catheters.[1] The CRBS also can be used for multiparous patients but is contraindicated for multiple gestations.

Q: How can I minimize patient discomfort with the CRBS?

A: Final balloon volumes are up to physician discretion, with a maximum volume of 80 mL in each balloon. A 2018 study by Lim et al. found that women reported lower pain scores with the Cervical Ripening Balloon than with prostaglandins.[2]

Q: What data exist to support the use of the CRBS?

A: A 2017 meta-analysis by Du et al. concluded that "the double-balloon catheter is as effective as locally applied PGE2 agents" with "reduced risk of excessive uterine activity."[3] For additional data, ask for a copy of our CRBS educational resource list.

1. Hoppe KK, Schiff MA, Peterson SE, et al. 30 mL single- versus 80 mL double-balloon catheter for pre-induction cervical ripening: a randomized controlled trial. *J Matern Fetal Neonatal Med*. 2016;29(12):1919–1925.

2. Lim SE, Tan TL, Ng GYH, et al. Patient satisfaction with the cervical ripening balloon as a method for induction of labour: a randomised controlled trial. *Singapore Med J*. 2018;59(8):419–424.

3. Du YM, Zhu LY, Cui LN, et al. Double-balloon catheter versus prostaglandin E2 for cervical ripening and labour induction: a systematic review and meta-analysis of randomised controlled trials. *BJOG*. 2017;124(6):891–899.

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