



## **CHILDBIRTH CENTRE**

### **Outpatient Cervical Ripening**

Your obstetrical health care provider (HCP) has booked you for an outpatient cervical ripening before your induction. Your HCP will have talked with you about the risks and benefits of cervical ripening and induction of labour for you and your baby.

**CERVICAL RIPENING REQUESTED DATE:** \_\_\_\_\_  
(YYYY/MM/DD)

You will get a phone call from the hospital to let you know when we can bring you in for your cervical ripening. Depending on what is happening on the unit, there is a chance that when you arrive you will be asked to wait in a waiting area. We will make every effort to begin the process, however, sometimes it may be necessary to delay the appointment time. A nurse will discuss this with you and arrange a time for you to return either later in the day, that evening or possibly the next day.

When you get to the hospital, go straight to the Childbirth Unit nursing station. We will greet you there and bring you in for your first assessment. The nurses will ask you questions while they check your heart rate, blood pressure, respirations and temperature. A fetal monitor will also be applied to your stomach to listen to your baby's heartbeat to make sure that your baby is doing well before they start the cervical ripening process.

#### **WHAT TO EXPECT:**

If you are receiving a balloon catheter for mechanical cervical ripening, it is normal to have some discomfort throughout the procedure followed by menstrual like cramps, these cramps will likely stop within a half hour of the balloon catheter being inserted.

If you are receiving a medication vaginally, it is normal to have some back pain and menstrual like cramping. You may also have some spotting or pink tinged discharge. This may happen anytime following the medication being given. Sometimes the medications can cause contractions to start quickly and make them occur too often. If this happens, some of the medication can be taken out. If the medication cannot be removed, you may be given other medications that can help slow or stop the contractions you are having.

#### **After your balloon catheter or medication is inserted:**

After 12-24 hours, your HCP will recheck your cervix to decide whether it is ready for labour.

If your cervix is not ready for labour, your HCP may leave the balloon catheter in place or give you extra medications. This may be frustrating at the time, but this is completely normal. Additional ripening of your cervix will increase your chance of a successful vaginal birth. In some cases, cervical ripening can take 3-4 days.

If your cervix is ready for labour, a plan for induction will be determined with the HCP. This may include admission to the Birth Unit or you may be returned home for a short period depending on the situation.

You need to call the Birth Unit (613-721-2000 ext. 2127) and speak to one of the nurses at 6 hours and again at 12 hours after you have gone home. This telephone call is very important. The nursing staff will ask you questions about how you are feeling and answer any questions you may have. If you are tired and want to go to sleep before the time you are supposed to call for assessment, please call the Birth Unit and speak to one of the nurses to let them know you are going to sleep.

**If your balloon catheter or Cervidil® falls out:**

If the balloon catheter or Cervidil® has fallen out at home, throw it in the garbage and call the unit to let the nurses know. If it does not fall out, you will need to return to the hospital at the planned time for reassessment.

**Call the nurse when:**

- Your contractions are every 5 minutes or closer
- You have severe abdominal pain
- Your water breaks
- You are having bright red bleeding that is more than “pink mucousy discharge”
- You think your Cervidil® or Foley has fallen out
- You have any concerns or are unsure of what to do
- You are planning to sleep before or will be out of the house when the follow-up phone calls are due.

If you have a Cervidil® for cervical ripening and you have contractions that are too close together, the triage nurse may ask you to pull the Cervidil® out. It has a string like a tampon and can easily be pulled out by putting your fingers into your vagina to feel for the string and then pulling the string out like a tampon.

**Cautions:**

- Do not use Aspirin or any form of ASA, Motrin or any form of Ibuprofen.
- When towel drying off or after going to the bathroom, carefully pat (not wipe) your vagina so you don't accidentally remove it. If you have a balloon catheter in place, pat around it carefully making sure to not tug on the tube; tugging may cause additional cramping.
- If the balloon catheter or Cervidil® falls out, DO NOT attempt to put them back in, instead call the hospital. You may be asked to return to the hospital at this point.
- You may have a shower, eat normally, sleep and resume your usual activities.

My questions for my Obstetrical HCP or Birth Unit staff:

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Your cervical ripening has been booked for \_\_\_\_\_(date). If you have not heard from the hospital by 7pm on the day of your planned cervical ripening, please call 613-721-2000 ext. 2127 for an update and to determine when would be the best time for you to arrive to the unit.

The information contained on this sheet is provided to you and your family to help you better understand the cervical ripening process and procedure. It is not intended to replace medical advice from your Obstetrical HCP or healthcare team. If you require more specific/additional medical advice, contact your Obstetrical HCP and healthcare team to discuss your individual healthcare needs.

**Protect yourself!** Clean your hands frequently using soap and water or hand sanitizer. Ask that your healthcare providers and visitors do the same. Clean hands save lives.