Induction of Labor Using a Foley Balloon, With and Without Extra-Amniotic Saline Infusion

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Abstract

Objective: To compare transcervical Foley bulb with and without extra-amniotic saline infusion for induction of labor in patients with an unfavorable cervix.

Methods: Women who presented for induction of labor with Bishop score less than 5 were randomly assigned to receive Foley alone or Foley with extra-amniotic saline infusion for induction of labor. Primary outcome was time from start of induction to vaginal delivery. Secondary outcomes were cesarean delivery rates, incidence of chorioamnionitis, Apgar scores at 1 and 5 minutes, and adverse events.

Results: One hundred forty women completed the study. Time from induction to vaginal delivery was 16.58 (+/- 7.55) hours in the extra-amniotic saline infusion group compared with 21.47 (+/- 9.95) hours in the Foley group (P < .01). Chorioamnionitis occurred in 4 of 66 (6.1%) women in the extra-amniotic saline infusion group compared with 12 of 74 (16.2%) women in the Foley group (P = .067). Cesarean delivery rate was 21.2% versus 20.1% in the extra-amniotic saline infusion and Foley groups, respectively (P = 1.0). Median 1-minute and 5-minute Apgar scores were 9 in both groups. Adverse events were rare and unrelated to method of induction.

Conclusion: Induction of labor by using Foley with extra-amniotic saline infusion results in shorter induction-to-vaginal-delivery time than Foley alone, without affecting cesarean delivery rates.

Level of evidence: II-I

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