

BLADDER FILLING FOR CORD PROLAPSE

EQUIPMENT REQUIRED

Light	Straight clamp
Sterile gloves	Canister
16F or 18F Foley catheter with 5-10 cc balloon	Sterile scissors
IV bag – 1000 mL NaCl	Tape
60 mL syringe with luer lock tip	
Blunt needle	Nice to have:
Iodine	Catheter tip syringe or catheter tip/luer lock adapter
Gauze	

STEP-BY-STEP INSTRUCTIONS BLADDER FILLING

1. Gather all equipment.
2. Test balloon portion of catheter.
3. Place client in Trendelenburg or exaggerated side-lying with hips elevated position, **or whatever position results in the best FHR. Listen to the FHR as continually as possible.**
4. Have second midwife continually apply upward pressure on fetal presenting part internally. Once bladder filling effectively alleviates cord compression, only then can midwife remove hand. Alternatively, external pressure can be applied to lift the fetal presenting part up and hold it off the cord during bladder filling procedure.
5. Insert Foley catheter into bladder. Allow the bladder to drain. An empty bladder will allow you to gauge accurately the total volume infused during the procedure.
6. Draw up 15 cc saline using syringe and blunt needle, then remove blunt needle from syringe. Alternatively, the top of a fluid bag can be cut off to allow for faster syringe filling. With this method, it is not necessary to attach and detach the needle for each infusion.
7. Attach syringe to balloon port of Foley catheter and inflate with 10 cc to secure the catheter in the bladder.
8. Draw up 60 cc saline from bag and insert into the urine drainage port of the Foley. Clamp the Foley after each 60 cc infusion to prevent fluid from leaking out.
9. Repeat step 8 until 500 -700 cc of fluid are infused in the bladder. The bladder may appear visibly distended and swell above the pubis; usually 500 cc is enough.
10. Tape clamped catheter to client's thigh.
11. Minimize cord handling. If cord is visible, gauze soaked in warm saline is preferred method of keeping cord moist and warm. If warm saline unavailable, consider gentle replacement of cord.
12. Prior to vaginal delivery or cesarean section, empty the bladder slowly.