

**CRITTENTON HOSPITAL MEDICAL CENTER**  
**Women's Services**

<b>SUBJECT:</b> Bakri Balloon Insertion in Postpartum Hemorrhage		<b>POLICY NO.</b>	<b>PAGE NO.</b> 1 of 2
<b>EFFECTIVE DATE:</b> 03/25/2010	<b>REVISION DATE:</b>	<b>REVIEW DATE:</b>	<b>FILE UNDER:</b> Labor & Delivery

**POLICY STATEMENT:**

In the event of a postpartum hemorrhage, the Physician may insert a Bakri Balloon into the uterus in an effort to achieve homeostasis when conservative management is warranted.

The Bakri Balloon will be kept within the Postpartum Hemorrhage Kit.

Two kits will be available; one in the 1<sup>st</sup> OR in L&D. The second kit will be in the clean storage room in L&D.

The kit will contain:

- a. The Bakri Balloon sterile with a sterile 60cc luer lock syringe
- b. (1) extra sterile 60cc luer lock syringe
- c. Sterile Vaginal Packing
- d. Iodine
- e. Drainage bag
- f. One 500ml bottle of Sterile Saline

The kits will be maintained by the OB Technician.

The patient will remain in the Labor and Delivery Unit to be monitored.

Vital signs, fundal height, uterine cramping and urine output will be monitored every hour.

The Bakri Balloon will be removed by the physician within 24 hours of placement.

**DEFINITION:**

The Bakri Tamponade Balloon is a latex free catheter with the balloon portion inserted into the uterus and inflated with sterile saline to manage postpartum uterine bleeding.

**SCOPE OF PRACTICE:** OB/GYN Physicians, MBU/L&D RNs, OB Scrub Technicians

**PROCEDURE:**

1. When the Bakri Balloon is being inserted under sterile conditions (during a C-Section) the circulating nurse will open contents of the kit following sterile procedure onto the sterile field.

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- The circulating nurse will pour 500ml of the sterile water into a basin on the sterile field to be used for inflating the balloon.
  - The circulating nurse will open the vaginal packing for the OB tech to retrieve onto the sterile field.
  - The circulating nurse will saturate the vaginal packing (maintaining the sterile field) with the iodine solution.
2. When the Bakri Balloon is being inserted outside of the operating room, it will be treated as a “Clean” procedure”.
    - The nurse will pour 500ml of the sterile water into the basin that the kit is packaged in.
    - The nurse will prepare the vaginal packing with iodine for the physician.
  3. Insert a foley catheter if not already in place
    - **Key Point:** A catheter will be kept in place as long as the Bakri Balloon is in the uterus.
  4. Apply gentle traction to the Bakri balloon shaft. Secure the shaft, with tape, to the patient’s leg.
  5. Insert a drainage bag at the end of the Bakri Balloon to monitor bleeding.
  6. Remove the drainage bag and flush Bakri Drainage port with up to 25ml of sterile water as ordered by the physician to remove clots and monitor for bleeding. Replace the drainage bag. Clean tip of drainage bag with alcohol before reattaching after flushing.

**DOCUMENTATION** in Interdisciplinary Note in QS every hour:

- Vital signs
- Fundal height
- Uterine Cramping
- Urine Output
- Blood noted in drainage bag
- Each time port is flushed

**RESOURCE(S):**

Cook Medical Manufacturer Guidelines for the Bakri Balloon

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Maternal Child UPC  
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