



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS)
Maternal Child Health (MCH) Policies and Procedures

Policy No. 5273.00 Issue 1
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SECTION: PATIENT CARE

SUBJECT: BAKRI POSTPARTUM BALLOON, INSERTION AND MANAGEMENT OF

APPROVED BY: _____
Nurse Manager

POLICY

The Bakri Postpartum Balloon Catheter is used to provide temporary management of lower uterine segment bleeding in postpartum hemorrhage when conservative management is warranted. The Bakri Postpartum Balloon Catheter is placed by the Obstetrics (OB) practitioner with the assistance from the Registered Nurse (RN)

PROCEDURE

I. Special Considerations

- A. The Bakri Postpartum Balloon is indicated for use in the event of postpartum hemorrhage within 24 hours of delivery
- B. The device should not be left indwelling for more than 24 hours
- C. The balloon should be inflated using sterile liquid only (sterile water or sterile saline)
- D. The maximum inflation volume is 500 milliliters (ml)
- E. Closely monitor for signs of increasing bleeding or Disseminated Intravascular Coagulation (DIC)

II. Equipment List:

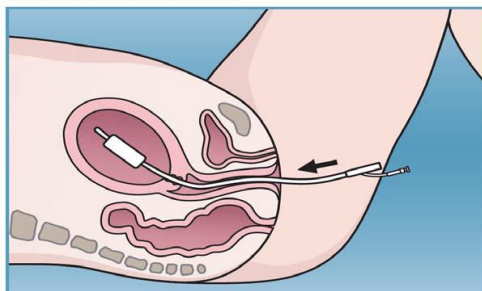
- A. Two Foley catheters (one is used for a drainage bag)
- B. 500 ml of sterile liquid (sterile water or sterile saline)
- C. Bakri Postpartum Balloon (60 ml syringe and rapid instillation tubing included)
- D. Surgical tape
- E. Portable ultrasound (US) machine

III. Inserting The Balloon

- A. Ensure uterus is clear of any retained placental fragments
- B. The OB practitioner determines approximate uterine volume by US or direct examination
- C. Place an indwelling urinary bladder Foley catheter, if not already in place
- D. For transvaginal placement:

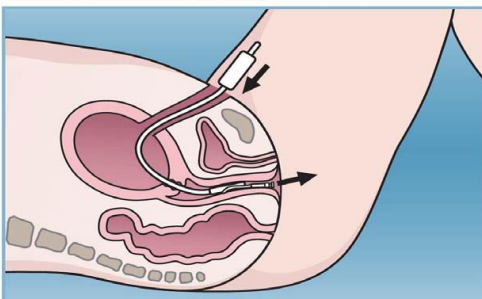
1. The OB practitioner passes the uninflated balloon portion into the uterus, making sure that the entire balloon is inserted past the cervical canal and into the internal ostium

Transvaginal Placement, Postvaginal Delivery



2. For trans abdominal placement:
 - a. The OB practitioner passes the uninflated balloon, inflation port first. Through the abdominal incision into the uterus and cervix
 - b. The surgical assistant pulls the balloon shaft through the vaginal canal until the base contacts the internal cervical ostium
 - c. The OB practitioner closes the uterine incision

Transabdominal Placement, Postcesarean Delivery



IV. Filling The Balloon

- A. Using the enclosed 60 ml syringe, or rapid instillation tubing, the RN fills the balloon to the predetermined volume through the stopcock (not to exceed 500 ml)
- B. The RN applies slight traction to the balloon shaft and secures the balloon shaft to the patient's leg using surgical tape

Connect the drainage port to a urinary drainage bag to monitor drainage

V. Confirming Placement

The OB practitioner uses US to confirm proper placement of the balloon once the balloon is inflated to the predetermined volume

VI. Flushing The Lumen

The OB practitioner flushes the balloon drainage port and tubing with sterile normal saline if needed to clear clots

VII. Document in The Patient's Medical Record

- A. Time of Bakri balloon placement and amount of sterile fluid placed in the Bakri balloon
- B. Vital signs (VS) and pain assessment every 15 minutes for 2 hours then every hour while the Bakri balloon is in place
- C. Urine color/output, uterine tone, uterine height, drainage output, and blood loss every hour

VIII. Removing The Balloon

The Bakri balloon is removed by the OB practitioner by:

- A. Releasing the tension on the shaft
- B. Aspirating the balloon contents until the balloon is completely empty
- C. Gently retract the balloon and discard it
- D. The RN monitors the patient for signs of bleeding

IX. After Removal of The Bakri Balloon

Document VS, uterine tone and uterine height every 15 minutes' times (x) 2, then every 30 minutes' x 1

REFERENCES: Bakri, Y, Amri, A., & Jabbar, F. (2001). Tamponade balloon for obstetrical bleeding. *International journal of Gynecology and Obstetrics*, (74) 139-142

Fox, K. A. (2024). *Postpartum hemorrhage: Use of an intrauterine hemorrhage-control device*. Up To Date.

<https://www.uptodate.com/contents/postpartum-hemorrhage-use-of-an-intrauterine-hemorrhage-control-device>

Nagai, S et al. (2016). Clinical usefulness of Bakri Balloon Tamponade in the treatment of massive postpartum uterine hemorrhage. *Kurume Medical Journal*, (62) 00-00

The Joint Commission Standards

DEFINITIONS: NA

ATTACHMENTS: NA

APPROVAL DATE:	6/2/2025	Sheryl Wooldridge, Clinical Director II Department/Service Director, Head or Manager
	8/8/2025	Department of Women's Health Services Applicable Administrator, Hospital or Medical Committee
	8/28/2025	Nursing Standards Committee Applicable Administrator, Hospital or Medical Committee
	9/24/2025	Patient Safety and Quality Committee Applicable Administrator, Hospital or Medical Committee
	10/2/2025	Quality Management Committee Applicable Administrator, Hospital or Medical Committee
	10/23/2025	Medical Executive Committee Applicable Administrator, Hospital or Medical Committee
	1/13/2026	Board of Supervisors Approved by the Governing Body

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REVISED: N/A

REVIEWED: N/A