

Comparing the efficiency of cervical balloon Vs Dilapan for induction of labour

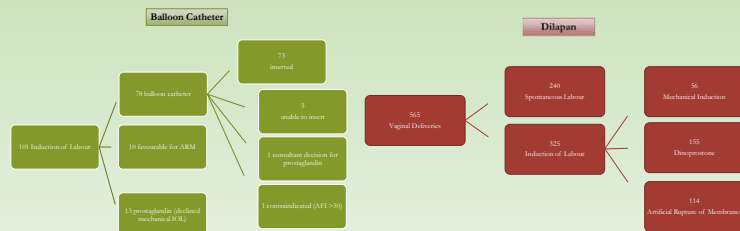
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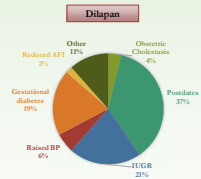
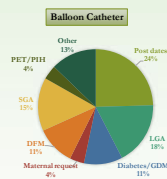
Introduction

The aim of this study was to compare the efficiency of two different mechanical methods of inducing labour. These methods include a cervical ripening balloon and Dilapan rods. The driving factor behind this audit is the growing number of inductions and the burden that places on hospital beds. If mechanical methods prove effective in inducing labour, this may reduce the need for Prostaglandin pessaries and therefore reduce the number of in-patient inductions. This may help, not only to address the current bed crisis and help more efficiently manage the flow of labour ward but also to improve patient experience of induction of labour.

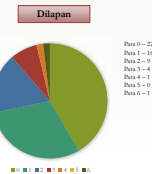
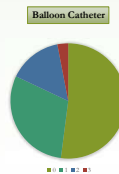
Method



Demographics



Reason for induction of labour: The commonest reason for induction of labour across both groups was for post dates, after 41 weeks gestation.



Patient parity at the time of induction: All parity's were included within the Audits, the greatest proportion of women were para 0 at the time of induction across both Dilapan and Cervical ripening balloon groups. When looking at our desired outcomes for these women we found no significant difference between parity and need for further prostaglandin to perform ARM or in final mode of delivery.

Gestation:

Gestation at induction with balloon catheter ranged from 36⁺⁶ - 41⁺¹ with the highest proportion of inductions taking place between 40⁺⁰ - 40⁺⁶ for post dates. Similarly, Gestation at induction of labour with Dilapan ranged from 36⁺⁰ - 41⁺² with the greatest number taking place at over 41 weeks.

Results

Balloon Catheter

Duration of mechanical induction

The average length of time that balloons were in-situ was 23 hours 15 minutes.

Women requiring additional Prostin Prior to artificial rupture of membranes.

11/73 (15%) women required additional Prostin.

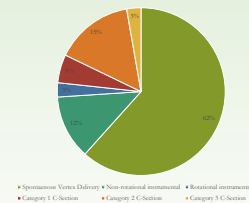
In 4/11 of these women, the balloons fell out (likely insertion error).

In 7/11 of these women, balloon induction was unsuccessful.

Syntocinon use in labour



Mode of delivery



Dilapan

Duration of mechanical induction

The average length of time for which Dilapan was left was 17 hours 21 minutes.

Women requiring additional Prostin Prior to artificial rupture of membranes.

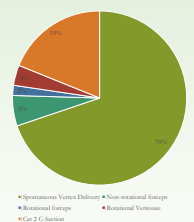
11/53 (21 %) women required additional Prostin.

No obvious correlation between women who required additional Prostin.

Syntocinon use in labour



Mode of delivery



Conclusion

- The most common reason for IOL for both balloon catheter and Dilapan was for post-dates.
- The average length of time for balloon catheter being in-situ was longer compared to Dilapan.
 - Balloon catheter insertion reduced the need for in-patient stay.
 - Balloon catheter also reduced the requirement for additional prostin.
 - Balloon catheter insertion reduced the need for oxytocin in labour.

- Balloon catheter had a slightly lower rate of achieving spontaneous vertex delivery compared to Dilapan – higher rate of caesarean section and assisted delivery.