



Dilapan-S for Induction of labour in the Coombe Women’s Hospital.

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Introduction

In 2021, over 7,500 women gave birth at the Coombe hospital, with 40.8% requiring induction of labour (IOL). This is achieved using vaginal prostaglandin, which can increase risk of uterine hyperstimulation. This study aims to assess the safety and effectiveness of Dilapan-S for mechanical IOL compared to pharmacological agents.

Dilapan-S is a non-pharmacological cervical ripening device used to prepare the cervix for labour induction or certain gynaecological procedures. It is a synthetic, hygroscopic dilator made from a patented hydrogel called Aquacryl®. When inserted into the cervical canal, Dilapan-S absorbs moisture from the surrounding tissue, causing it to expand gradually over 12 to 24 hours

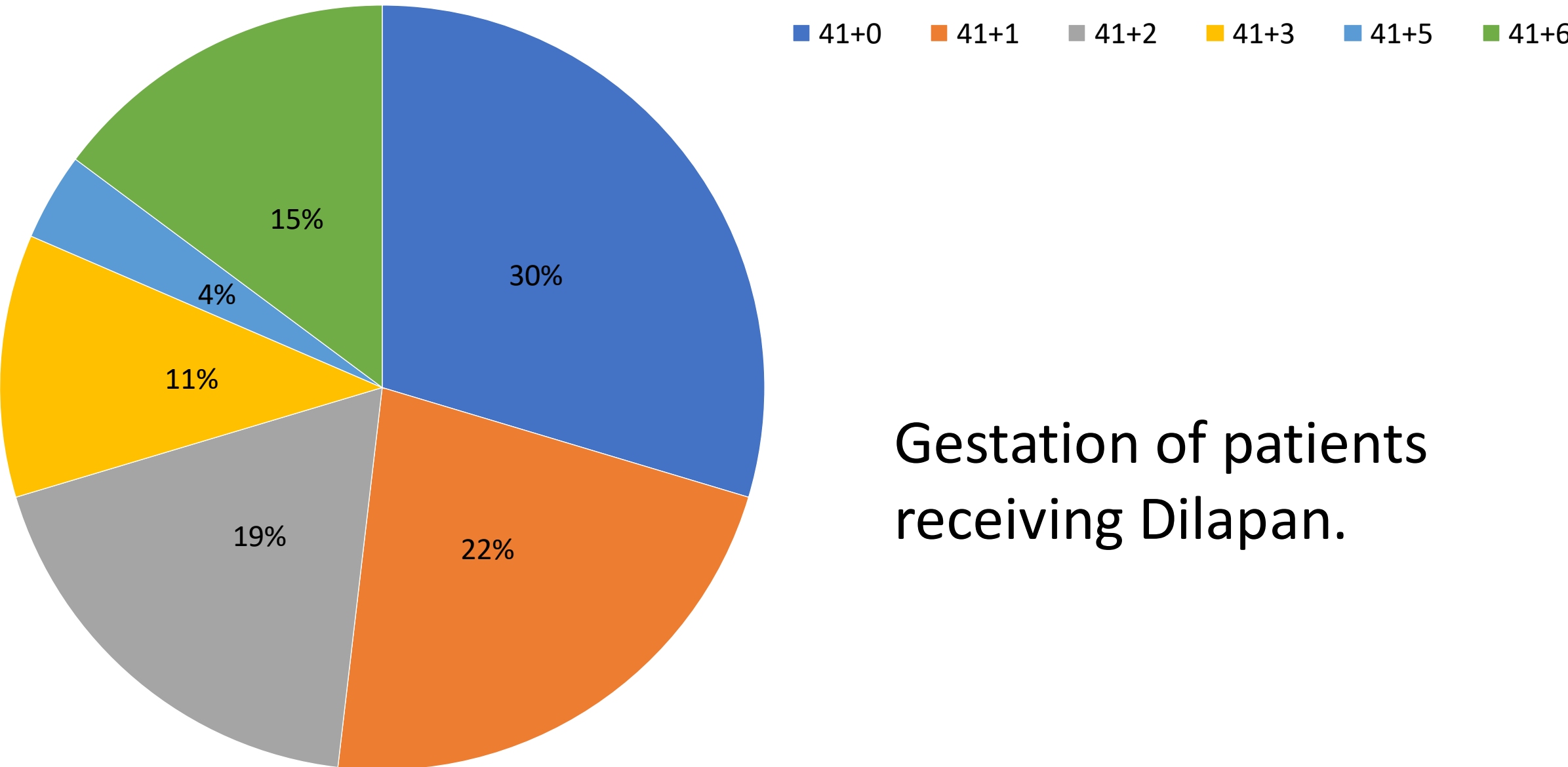


Method

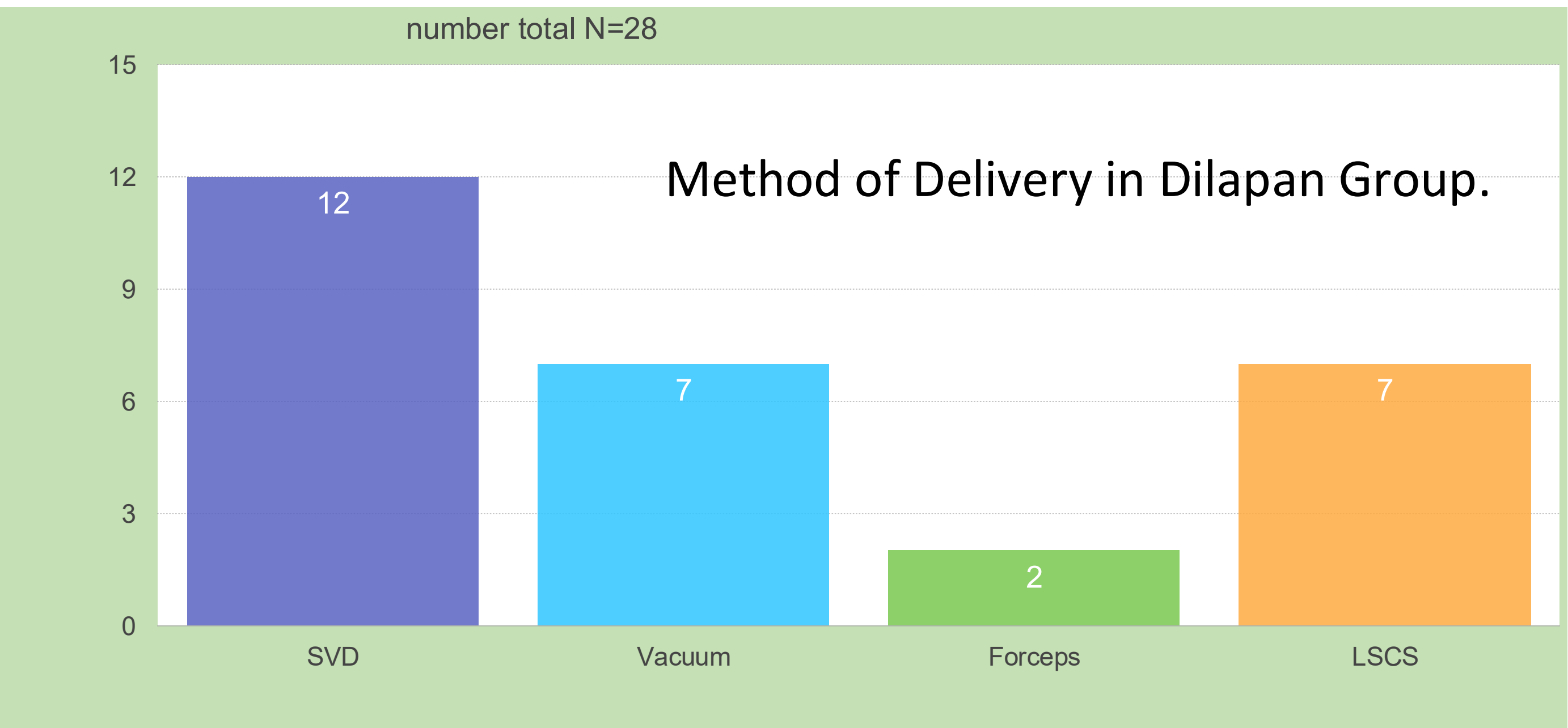
Seventy-three women eligible for IOL due to post-term pregnancy at 41 weeks, with no comorbidities or foetal concerns, were recruited. Dilapan-S rods were inserted following CTG and vaginal examination assessment. Patients returned 18-24 hours later for re-assessment. Maternal and birth outcomes were analysed, with qualitative insights gained from a satisfaction survey.

Results

Out of 73 interested patients, 35 received Dilapan-S IOL. 40% of patients were suitable for ARM post Dilapan without further prostaglandins needed (n=14); they had comparable delivery outcomes to those who received prostaglandins. A control group was included for comparison; (n=13) patients did not receive Dilapan and required pharmacological IOL. There was no risk of hyperstimulation and no increase in LSCS rates with Dilapan only vs prostaglandins (Vaginal delivery rates 79% vs 54%, LSCS rate 21% vs. 46% respectively.)



Gestation of patients receiving Dilapan.



Conclusion

Dilapan-S is a safe alternative for IOL and may offer better outcomes compared to traditional prostaglandin agents. This study highlighted the significant decrease in common complication of IOL such as hyperstimulation, with higher vaginal delivery rates and no increase in caesarean sections. Overall, our cohort numbers are small and bigger studies will yield more robust data.

40%

Suitable for ARM on admission post Dilapan.

80%
Patient
satisfaction

