

Cervical ripening with Dilapan-S prior to Induction of Labour

Patient Information Leaflet

1. What is induction of labour and why am I being induced?

An induction of labour is when we attempt to start labour artificially. About 30% of pregnancies will need this and there are many reasons why labour might be induced, for example: high blood pressure, past your due date, maternal age, diabetes etc.

Your doctor or midwife will have discussed with you why they think it is safer to induce your labour rather than waiting.

2. What needs to happen before your induction of labour?

We will examine your cervix to determine if it is ready for the next stage of induction. If your cervix is not ready (not dilated enough), we will use DILAPAN-S[®] or prostaglandin hormones (pessary or gel) to help your cervix dilate.

Cervical ripening with DILAPAN-S[®] is very safe for you and your baby. DILAPAN-S[®] is the **non-hormonal method** for inducing you. It is a reliable and safe method which often has high patient satisfaction. It is very unlikely that you will have strong uterine contractions with DILAPAN-S[®], which is also safer for your baby.

3. How does DILAPAN-S[®] work?

DILAPAN-S[®] is a slim firm rod made of synthetic gel. Usually 3-5 rods are gently inserted together into the cervix and absorb the fluid from the surrounding tissue. Each thin rod will gently expand up to 14 mm over 12 hours. When the rods grow, they dilate and soften the cervix to help prepare you for labour.



This is what a Dilapan rod looks like over 12 hours. They grow very gradually.

4. Why can't I just be started on an oxytocin infusion to get my contractions going?

We can't start you on an oxytocin infusion (the drug which helps you contract) until your waters have broken. After inserting DILAPAN-S[®] hopefully your waters will break on their own, or we will break them. The membranes are difficult for us to break until your cervix is 2-3 cm dilated. DILAPAN-S[®] is used to dilate your cervix to at least 3cm so we can break your waters if they haven't broken already.



4. Can I have DILAPAN-S® if I have any systemic disease or I have had a previous Caesarean section?

Yes. Cervical ripening with DILAPAN-S® is usually gentle and gradual and will not cause your womb to over-contract or cause your baby to get distressed. It has **no drug or hormones** in it, so it is safe if you have any medical condition.

5. How will DILAPAN-S® be inserted? Is it painful?

You will lie down and have a speculum examination so we can see your cervix. Then a doctor or midwife will insert the DILAPAN-S® rods. It will take approximately 5-10 minutes. The procedure can be slightly uncomfortable, but generally it is well tolerated by most patients.

Shortly before and after the procedure, your baby's heartbeat might be monitored. A small amount of bleeding might occur during or after insertion, but this is common and should not be a concern.

6. Which regular activities CAN I do with DILAPAN-S® inserted?

You **CAN** go to the toilet, shower normally and perform your normal daily activities.

We encourage you to move around when you're not resting, as this helps prepare you for labour. It's also good to try and get some sleep as this will also help prepare you for labour.

Please report to your clinicians immediately if there is any excessive bleeding, pain or other concerns that occur during the ripening process.

7. What activities CANNOT be done with DILAPAN-S® inserted?

Do not have a bath (you can shower instead), **do not** use a vaginal douche and **do not** have sexual intercourse. **Do not** try to remove the rods yourself under any circumstances.

8. When will DILAPAN-S® be removed and what occurs after the removal?

The DILAPAN-S® rods will be removed after 12 hours by a midwife or doctor. If there is a delay, they can be left in for maximum 24 hours. Your clinician will perform a vaginal examination, remove the DILAPAN-S® rods and see if your cervix has dilated enough.

If your cervix has dilated enough, you are ready to be induced. Usually the waters are broken artificially. After that, we will wait for a few hours to see if contractions start naturally on their own. If contractions have not started after this period, an oxytocin infusion may be started at this stage.

Questions?

If you have any questions, please ask to speak to a midwife or a doctor, or find more here: <https://aghealth.co.uk/dilapan>

Anonymous Patient Feedback Survey

Please scan the QR code to fill out the anonymous patient feedback questionnaire.

