Dilapan-S®

Case Studies

Version 1.0

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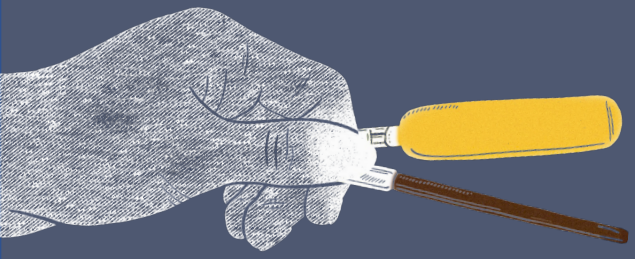
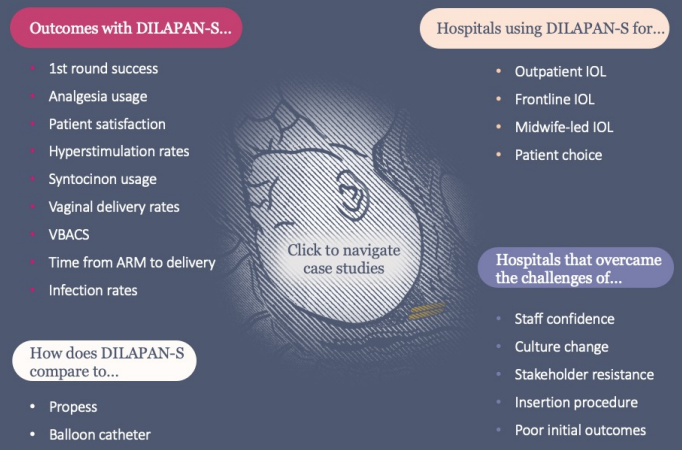
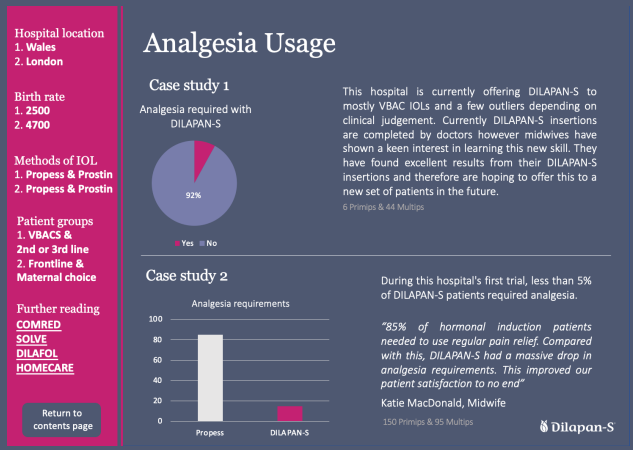


How to use this Document

This is an interactive document outlining data of over 1,800 patients from hospitals across the UK on a range of topics and outcomes. On the contents page, you can click on the topic you want which will take you to the relevant page. On the case study pages, you will find data from UK hospitals, links to RCTs, and media such as videos, podcasts, and interviews. Some case studies span over multiple pages.



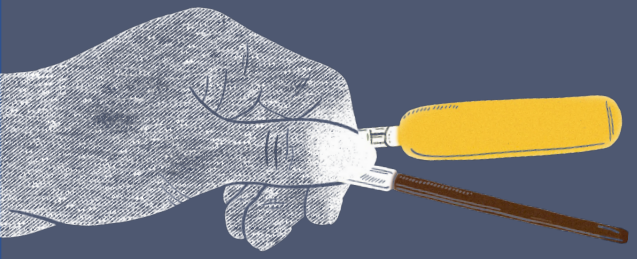


Want to request data / contribute your own?

Is there anything you would like more data on? Or would you like to submit your own hospital's data to be anonymously included in this document? Click the button to send us a message.

Submit or Request data

Dilapan-S

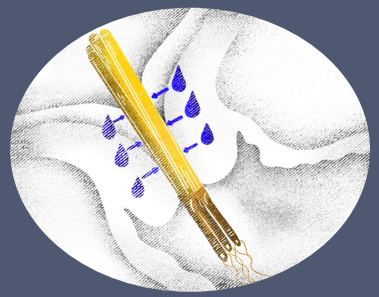


What is DILAPAN-S?

A synthetic osmotic dilator made of Aquacryl® hydrogel that gently and predictably ripens the cervix.

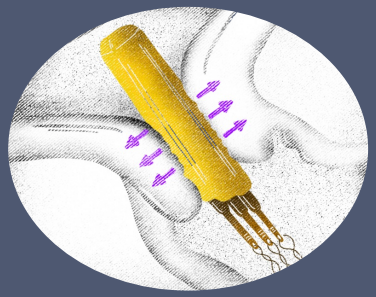
- Licensed for all IOLs and recommended by **NICE guidelines** for IOL
- Only contraindicated by a clinically active genital tract infection
- Preferable option for **outpatients**
- Unique mode of action:

Biophysical



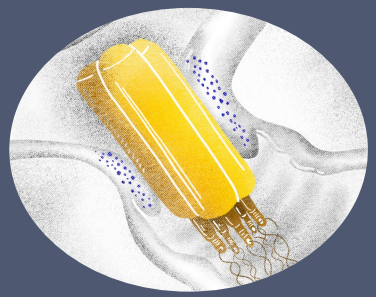
Osmotic dehydration of cervix → softening and change in consistency of tissue

Mechanical



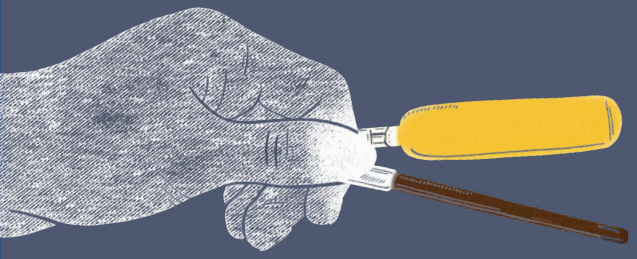
Expanding dilators exert radial pressure against the wall of the cervical canal → gradual dilatation of the cervix

Physiological



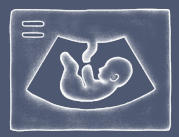
Continuous pressure stimulates the release of endogenous prostaglandins → effacement of the cervix

Dilapan-S®



Why offer a mechanical method?

DILAPAN-S Benefits



Reduced Workload
Saves 2.4 hours per induction [1]
No CTG or special care required

Higher Patient Satisfaction
Superior to balloon and PGEs [2,3,4]
More able to relax, sleep & move [2,3,4]

Cost Effective
11% cost savings for outpatients [5]
£200,000+ p/a savings for one unit [6]

High Efficacy
80% 1st round success [2]
Up to 80% VDR [3]

Safety
Minimises risk of hyperstimulation [7]
No serious adverse outcomes [2,3,4]

NICE IOL guideline 1.3.5 recommends offering a mechanical method for:

- Reducing risk of hyperstimulation and subsequent adverse effect on the fetus
- Reducing risk of uterine rupture and EMCS associated with previous caesarean birth
- Patients with a bishop score of <6
- Improved maternal choice

Learn more

Dilapan-S

Outcomes with DILAPAN-S...

- 1st round success
- Analgesia usage
- Vaginal delivery rates
- Hyperstimulation rates
- Syntocinon usage
- Patient satisfaction
- VBACS
- Time from ARM to delivery
- Infection rates

How does DILAPAN-S compare to...

- Propess
- Balloon catheter

Click to navigate case studies

Hospitals using DILAPAN-S for...

- Patient choice
- Frontline IOL
- Outpatient IOL
- Midwife-led IOL

Hospitals that overcame the challenges of...

- Insertion procedure
- Poor initial outcomes
- Staff confidence
- Culture change
- Stakeholder resistance

Hospital location
1. **North West**
2. **London**

Birth rate
1. **5000**
2. **6000**

Other methods
1. **Prostaglandins and Balloon**
2. **Propess & Prostin**

Patient groups
1. **Frontline**
2. **Frontline & Maternal choice**

Further reading
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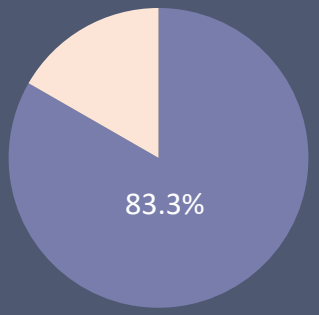
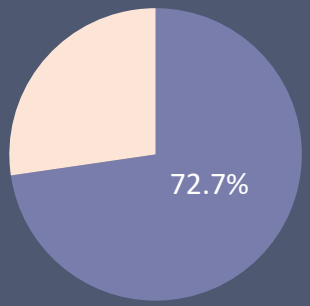
1st Round Success

Case study 1

Multips 1st round



Primips 1st round



This hospital had a **83%** vaginal delivery rate following 1st round success of DILAPAN-S.

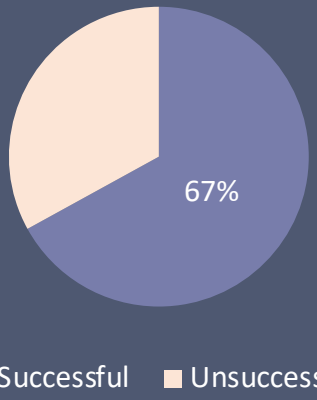
Patients remained ARMable for up to **62 hours** after removal of DILAPAN-S.

Combined 1st round success rate: 78%

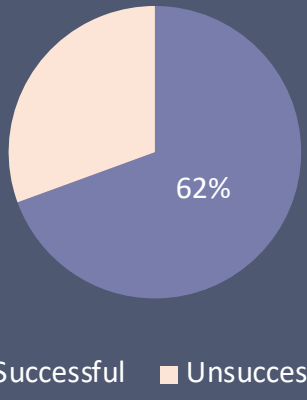
n = 23 (11 Primips & 12 Multips)

Case study 2

Multips 1st round



Primips 1st round



This hospital had a **92%** vaginal delivery rate following 1st round success of DILAPAN-S.

n = 22 (13 Primips & 9 Multips)

Dilapan-S

Hospital location
3. **North West**
4. **South East**

Birth rate
3. **1200**
4. **3150**

Other methods
3. **Prostin**
4. **Propess & Prostin**

Patient groups
3. **Frontline**
4. **Frontline**

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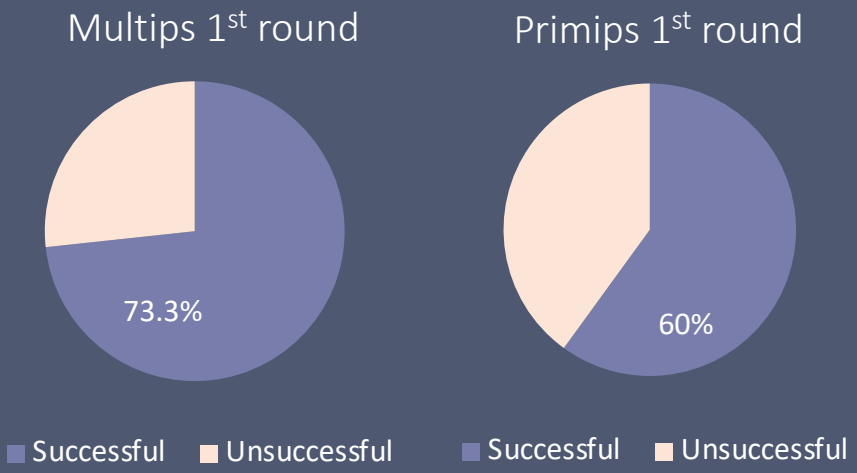
1st Round Success

Case study 3



This hospital tasked a midwife with improving their IOL process. They trialled DILAPAN-S, achieved excellent results and decided to roll it out permanently. They are now in the process of expanding their IOLs to outpatients and continue to achieve excellent results. Another hospital within their trust has recently started using DILAPAN-S due to the positive feedback from this hospital.

Combined 1st round success rate: **67.6%**

n = 35 (15 Primips & 20 Multips)

Case study 4

"DILAPAN-S only fails if you haven't got it in properly. **If it's in properly, they're ARMable**. It's really all about banging away at training, having the right support, getting the DILAPAN-S midwives coming in and supporting your staff. And once it's done, it's good!"

- Kate Conway, Matron

Click to listen on Spotify
Skip ahead to these comments at 18:55

Dilapan-S

Hospital location
1. **Wales**
2. **London**

Birth rate
1. **2500**
2. **6000**

Other methods
1. **Propess & Prostin**
2. **Propess & Prostin**

Patient groups
1. **VBACS & 2nd or 3rd line**
2. **Frontline & Maternal choice**

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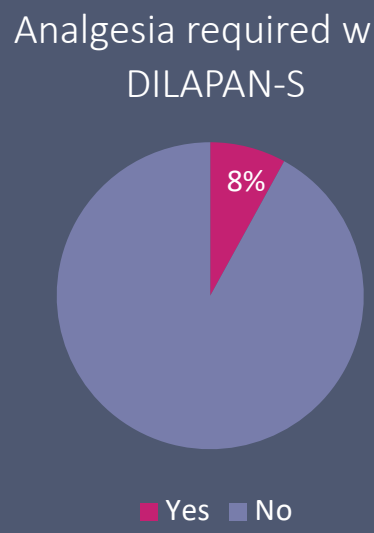
Analgesia Usage

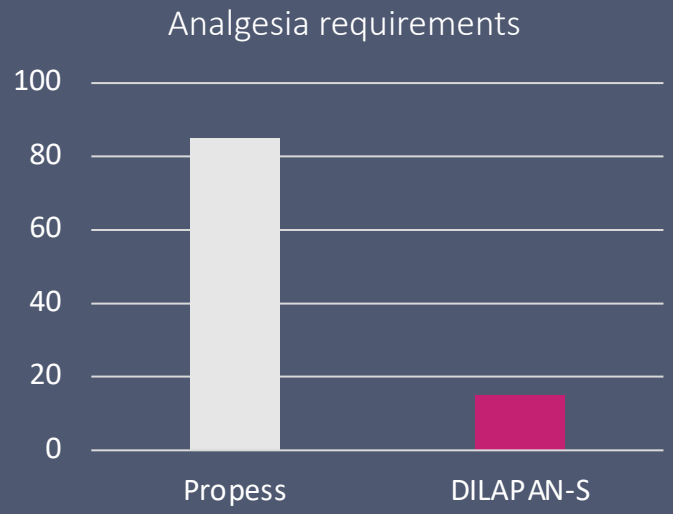
Case study 1



This hospital is currently offering DILAPAN-S to mostly VBAC IOLs and a few outliers depending on clinical judgement. Currently their DILAPAN-S insertions are completed by doctors, however midwives have shown a keen interest in learning this new skill. They have found excellent results with DILAPAN-S insertions and are hoping to offer this to a new set of patients in the future.

n = 50 (6 Primips & 44 Multips)

Case study 2



During this hospital's first trial, less than **5%** of DILAPAN-S patients required analgesia.

"85% of hormonal induction patients needed to use regular pain relief. Compared with this, DILAPAN-S had a massive drop in analgesia requirements. This improved our patient satisfaction to no end"

Katie MacDonald, Midwife

n = 245 (150 Primips & 95 Multips)

Dilapan-S

Hospital location
1. **London**
2. **Wales**
3. **North West**

Birth rate
1. **6000**
2. **2500**
3. **5000**

Other methods
1. **Propess**
2. **Propess & Prostin**
3. **Prostaglandins and Balloon**

Patient groups
1. **Frontline & Maternal choice**
2. **VBACS & 2nd or 3rd line**
3. **Frontline**

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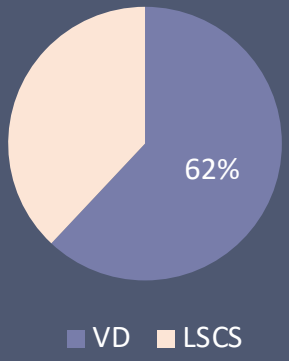
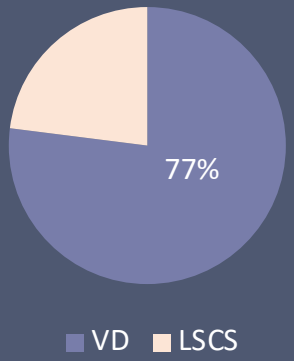
Vaginal Delivery Rates

Multips

Primips



Overall



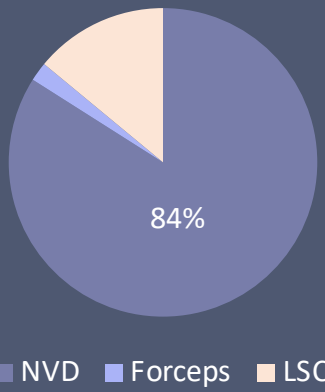
Case study 1

This hospital was experiencing a low rate of successful VBACS using their original mechanical IOL method. After implementing DILAPAN-S, their VBACS rate improved by over 3x.

n = 22 (13 Primips & 9 Multips)

Case study 2

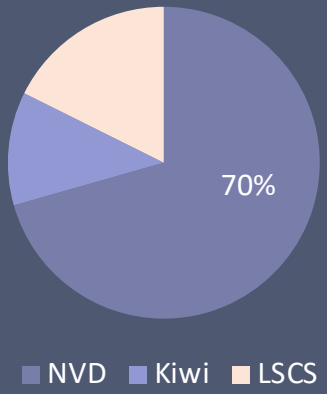
Overall delivery rates



n = 50 (6 Primips & 44 Multips)

Case study 3

1st round successful – delivery rates



n = 23 (11 Primips & 12 Multips)

Dilapan-S

Hospital location
Essex

Birth rate
8800

Other methods
Prostaglandins

Patient groups
Frontline

Further reading
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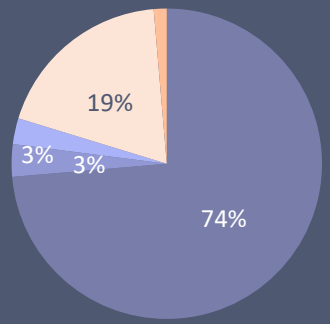
Vaginal Delivery Rates

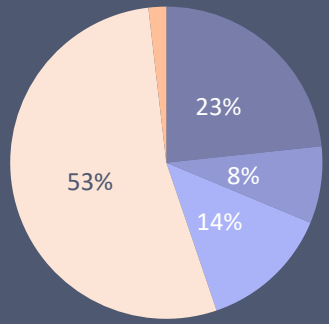
Case study 4

During this hospital's DILAPAN-S trial, **zero patients** experienced hyperstimulation or tachysystole. Overall, there were no adverse outcomes for DILAPAN-S patients.

Multips overall 2022

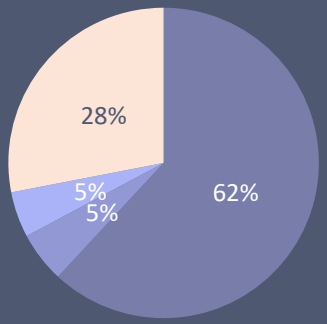


Primips overall 2022

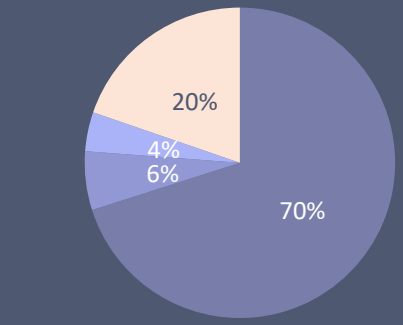


n = 1,409 (743 Primips & 666 Multips)

SGA 2021/22



SGA 1st round 2021/22



n = 191 SGA

Dilapan-S

Hospital location
North West

Birth rate
1200

Other methods
Prostin

Patient groups
Frontline

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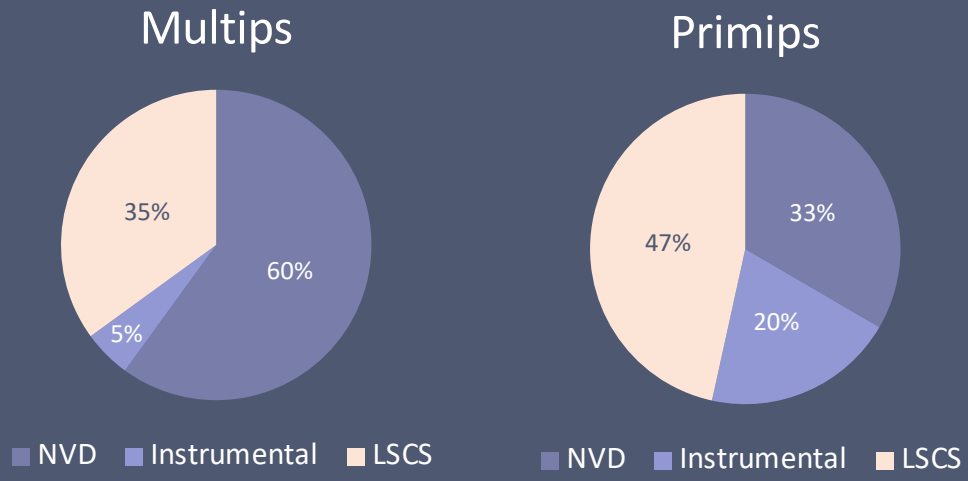
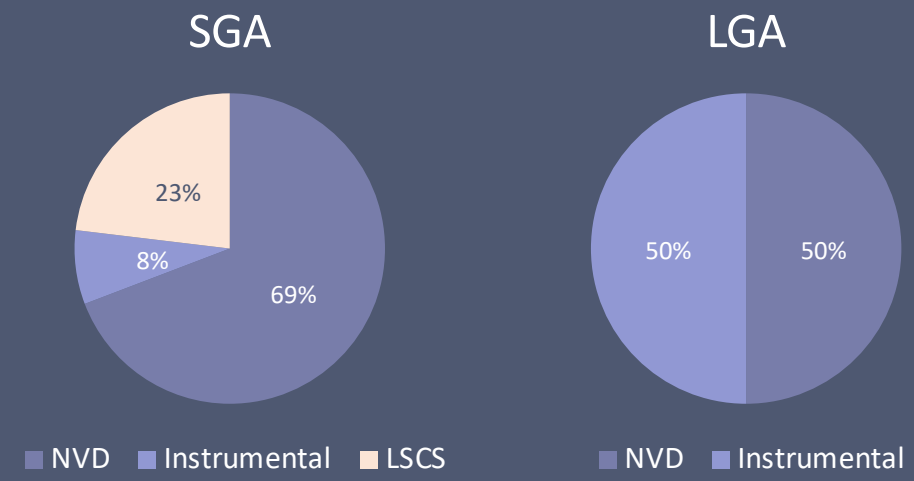
Vaginal Delivery Rates

Case study 5

This hospital tasked a midwife with improving their IOL process. They trialled DILAPAN-S, achieved excellent results and decided to roll it out permanently. They are now in the process of expanding their IOLs to outpatients and continue to achieve excellent results.



n = 35 (15 Primips & 20 Multips)



n = 13 SGA
n = 4 LGA

Dilapan-S

Hospital location
1. **North West**
2. **Essex**

Birth rate
1. **5000**
2. **8800**

Other methods
1. **Prostaglandins and Balloon**
2. **Prostaglandins**

Patient groups
1. **Frontline**
2. **Frontline and outpatients**

Further reading
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Hyperstimulation Rates

Case study 1

During this hospital's DILAPAN-S trial, **zero patients** experienced hyperstimulation or tachysystole. Overall, there were no adverse outcomes for DILAPAN-S patients.

n = 23 (11 Primips & 12 Multips)

Case study 2

"We've been using DILAPAN-S since 2018. I can't remember ever having a hyperstimulation with DILAPAN-S that we needed to section – it is that safe. And for that reason we don't need to monitor continuously, they don't need multiple examinations, they request less pain relief and they remain out of hospital (as outpatients) . It is by far one of the best tolerated methods for patients"

- Dr Chineze Otigbah, Consultant Obstetrician

Click to watch on YouTube

Dilapan-S

Hospital location
South East

Birth rate
3150

Other methods
Propess & Prostin

Patient groups
Frontline

Further reading
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Time & Cost Savings

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Hyperstimulation Rates

Case study 3

The new "Induction: Labour of Love" podcast Episode 2 features a panel of consultant obstetricians and midwives discussing DILAPAN-S practices and outcomes in their hospital.

"Our (delivery) outcomes are the same as with Prostaglandins, but it's really **improving our flow** through the labour ward because you don't have women jumping the queue because they're hyperstimulating or going into labour. We have no CAT1 sections with DILAPAN-S in the stage prior to oxytocin, we don't have any hyperstimulation, so those things have made a huge difference to our workload as it has reduced the number of CTGs."

- Kate Conway, Matron

Click to listen on Spotify
Skip ahead to these comments at 19:38

Dilapan-S

Hospital location
1. **North West**
2. **London**

Birth rate
1. **5000**
2. **6000**

Other methods
1. **Prostaglandins and Balloon**
2. **Propess & Prostin**

Patient groups
1. **Frontline**
2. **Frontline, maternal choice & VBACS**

Further reading
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Benefits page

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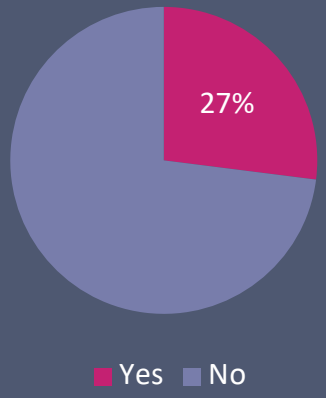
Syntocinon Usage

Case study 1

Syntocinon required with DILAPAN-S



This hospital decided to start trialling DILAPAN-S as they had introduced a mechanical method but hadn't had great results, so they wanted to try other options. They achieved excellent results trialling DILAPAN-S as an option for all their IOLs and are aiming to implement it frontline. Following this introduction, they are hoping to commence an outpatient programme to further improve their patient flow.

n = 23 (11 Primips & 12 Multips)

Case study 2

This hospital saw no significant increase in syntocinon when switching from Propess to DILAPAN-S for multips. There was a small increase in syntocinon use for Primips (62% DILAPAN-S vs. 56% Propess).

Click to watch on YouTube

Dilapan-S

Hospital location
Wales

Birth rate
2500

Other methods
Propess & Prostin

Patient groups
VBACS
Outpatients
2nd or 3rd line

Further reading
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Patient Satisfaction

Case study 1

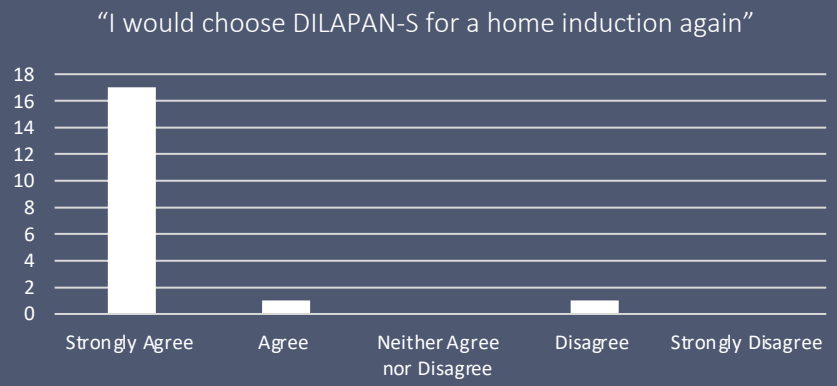
This hospital conducted a feedback survey for their patients who had an outpatient induction with DILAPAN-S using a Likert scale and dichotomous questions. 13 participants had previously had a hormonal induction. n = 19

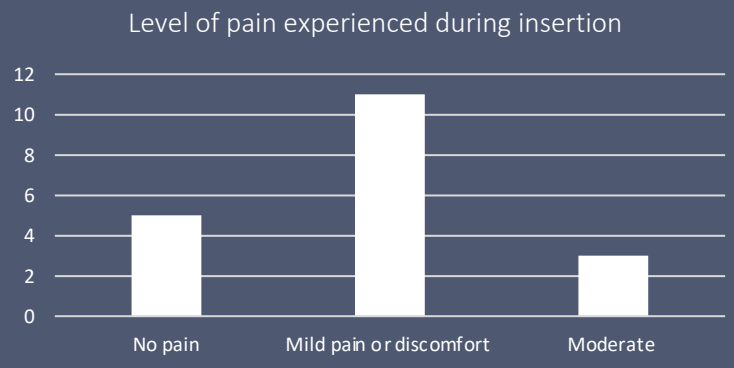
- **94.7%** would go home with DILAPAN-S again
- **90%** would recommend an outpatient induction with DILAPAN-S to a friend
- **100%** were able to mobilise, eat, and shower as normal

"Felt like a more natural pain than pessary"

"Discomfort and soreness was much less compared with hormone"

"It was like a natural pain"





Dilapan-S

Hospital location
London

Birth rate
6000

Other methods
Propess
Prostin

Patient groups
Frontline
Maternal choice
VBACS

Further reading
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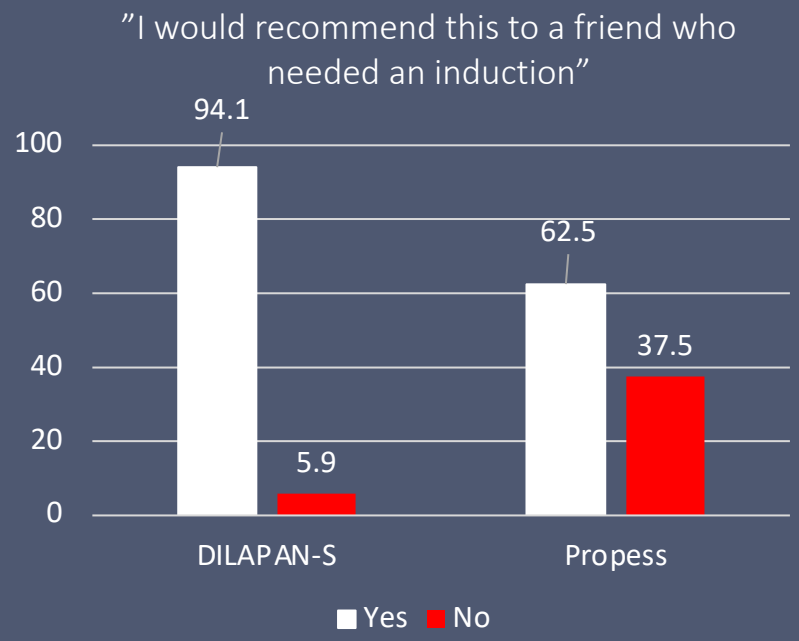
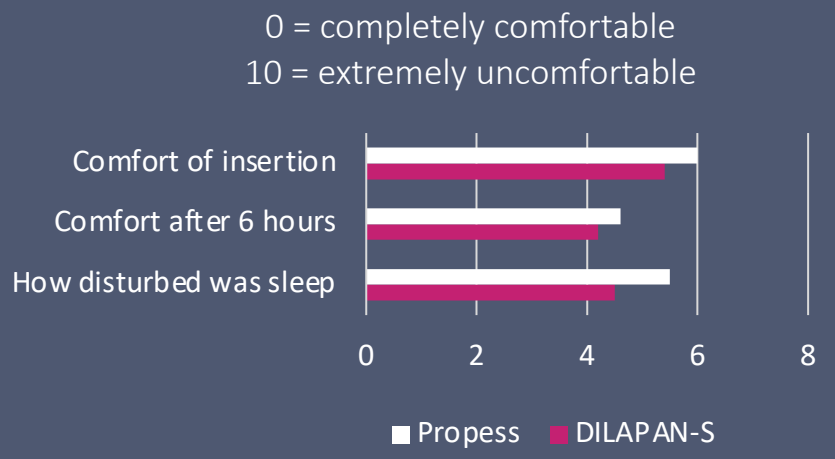
Patient Satisfaction

Case study 2

This hospital was experiencing low patient satisfaction, many unsuccessful IOLs leading to maternal request caesarean sections, high rates of analgesia and syntocinon use, as well as high hyperstimulation rates. They began using DILAPAN-S hoping to address these issues, as well as improve the overall IOL flow throughout their unit. Their trial was very successful as they saw immediate improvements. They decided to implement DILAPAN-S on a larger scale and recorded the results. n = 245 (150 Primips & 95 Multips)

Analgesia usage: 15% DILAPAN-S vs. 85% Propess (- 70%)





Dilapan-S

Hospital location
Wales

Birth rate
5200

Other methods
Propess & Prostin

Patient groups
Frontline

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Patient Satisfaction

Case study 3

We asked a lead midwife with 3 years of experience using DILAPAN-S how their patient satisfaction has been affected since introducing DILAPAN-S as their frontline IOL method.

"The main change is comfort, being able to rest when they need to, better at mobilising. We've seen reduced analgesia; people don't need significant pain relief anymore. Another good thing we've seen is less epidurals needed during labour. Before we introduced DILAPAN-S, lots of women were needing gas and air which made the IOL ward a difficult place to be, patients were hearing women around them in pain and making them very anxious. Entonox use has dramatically decreased making the whole environment is a lot nicer. Patients are calmer, and the midwives have more time to be with the women who need additional support. We've seen loads of benefits. I've also seen an improvement in the comfort of the patients since my insertion technique has improved - now they're in next to no pain during the insertion, and afterwards just some mild period pain if that."

- Lauren Day, Lead Midwife

Watch her full testimonial here

Dilapan-S

Hospital location
1. **London**
2. **South East**

Birth rate
1. **6000**
2. **3150**

Other methods
1. **Propess & Prostin**
2. **Propess & Prostin**

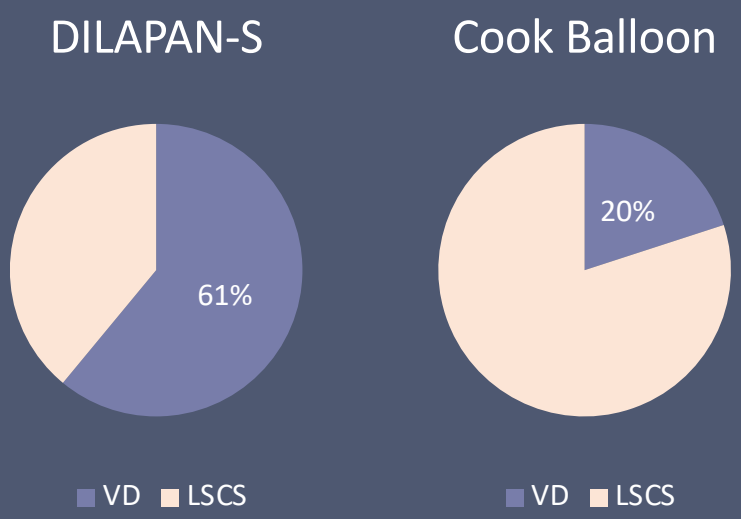
Patient groups
1. **Frontline, Patient choice & VBACS**
2. **Frontline**

Further reading
Benefits page

Return to contents page

VBACS

Case study 1



This hospital was experiencing a very low rate of successful VBACS using their original IOL method. After implementing DILAPAN-S, their VBACS rate improved by over 3x. Following this trial, they switched their mechanical method to DILAPAN-S.

n = 245 (150 Primips & 95 Multips)

Click to watch on YouTube

Case study 2

"We particularly like using (DILAPAN-S) on high risk women and especially those with IUGR, small babies, GDM and VBACS because it does give us more control than prostaglandins"

- Kate Conway, Matron

Click to listen on Spotify

Dilapan-S

Hospital location
London

Birth rate
6000

Other methods
Propess & Prostin

Patient groups
Frontline
Patient choice
VBACS

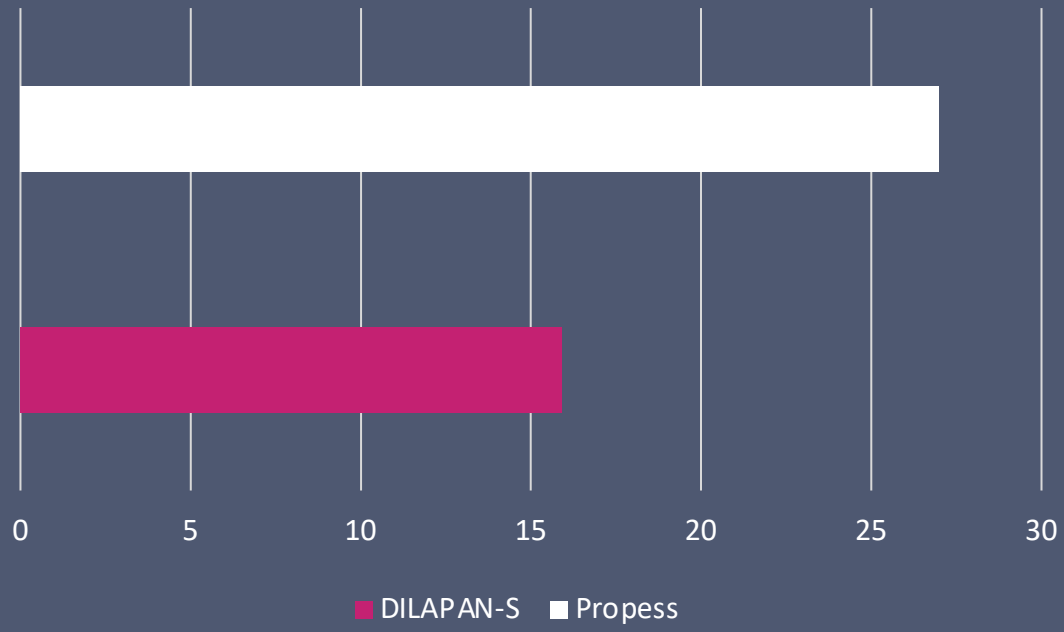
Further reading
Benefits page

Time from ARM to Delivery

Case study 1

This hospital was experiencing low patient satisfaction, many unsuccessful IOLs leading to maternal request caesarean sections, high rates of analgesia and syntocinon use, as well as high hyperstimulation rates. They began using DILAPAN-S hoping to address these issues, as well as improve the overall IOL flow throughout their unit. Their trial was very successful as they saw immediate improvements. They decided to implement DILAPAN-S on a larger scale and recorded the results. n = 245 (150 Primips & 95 Multips)

Length of time to ARMable: 15.9 hours DILAPAN-S vs. 27 hours Propess (- 11.1 hours)



Dilapan-S

Return to contents page

Hospital location
1. **London**
2. **Essex**

Birth rate
1. **4500**
2. **8000**

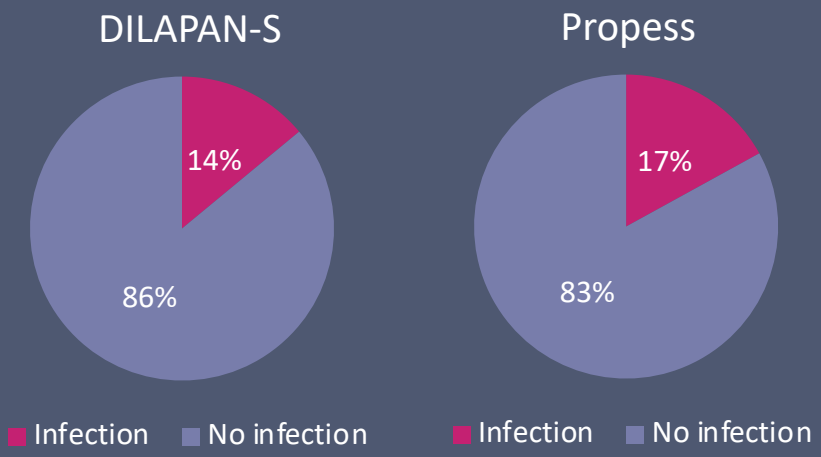
Other methods
1. **Propess**
2. **Prostaglandins**

Patient groups
1. **Frontline, maternal choice & VBACS**
2. **Frontline**

Further reading
n/a

Return to contents page

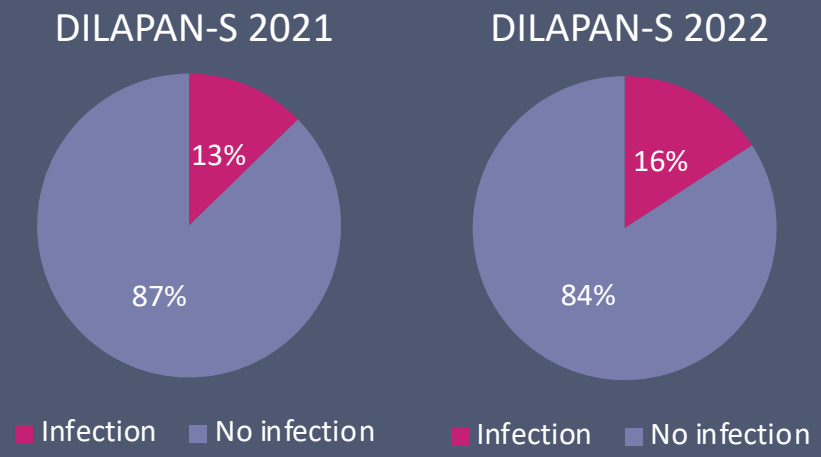
Infection Rates



Case study 1

This hospital found no significant difference in infection rates when comparing DILAPAN-S to Propess. Overall, there were **no adverse outcomes.**

n = 245 (150 Primips & 95 Multips)



Case study 2

The comparable infection rates of case studies 1 & 2 confirms the reliability of these findings.

n = 1,409
2021 Jan-Nov : 579 Primips & 517 Multips
2022 Jan-April: 164 Primips & 149 Multips

Note: Infectious complications represent infection rate throughout the entire course of labour and should not be interpreted as being related to the use of the product.

Dilapan-S

Hospital location
London

Birth rate
4500

Other methods
Propess

Patient groups
Frontline maternal choice & VBACS

Further reading
SOLVE
Time & Cost Savings
Benefits page

Return to contents page

How DILAPAN-S compares to Propess

Case study 1

This hospital was experiencing low patient satisfaction, many unsuccessful IOLs leading to maternal request caesarean sections, high rates of analgesia and syntocinon use, as well as high hyperstimulation rates. They began using DILAPAN-S hoping to address these issues, as well as improve the overall IOL flow throughout their unit. Their trial was very successful as they saw immediate improvements. They decided to implement DILAPAN-S on a larger scale and recorded the results. n = 245 (150 Primips & 95 Multips)

Analgesia usage: 15% DILAPAN-S vs. 85% Propess (- 70%)

Length of time to ARMable: 15.9 hours DILAPAN-S vs. 27 hours Propess (- 11.1 hours)

1st round success: 71% DILAPAN-S vs. 66% Propess (+ 5%)

Other findings:

No significant increase in syntocinon use for multips

VBACS improved by 41%

Potential cost savings of **£213,696** p/a

Click to watch on YouTube

Dilapan-S

Hospital location
2. **South East**
3. **East Midlands**

Birth rate
2. **3150**
3. **3500**

Other methods
2. **Propess & Prostin**
3. **Propess & Prostin**

Patient groups
2. **Frontline**
3. **Frontline**

Further reading
SOLVE
Time & Cost Savings
Benefits page

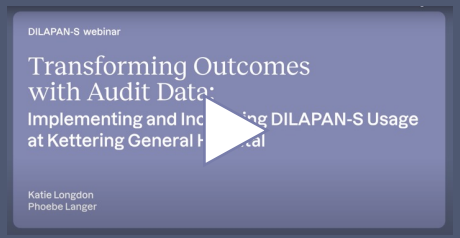
Return to contents page

How DILAPAN-S compares to Propess

Case study 2

"In July we saw our DILAPAN-S ladies were 13% more likely to have a normal delivery vs. with prostaglandins which was really positive. Relaying these figures to staff and patients is really what's empowering them to make the decision to have DILAPAN-S....we would very much like to reduce our prostaglandin purchases and have our IOLs mostly DILAPAN-S"

- Phoebe Langer, Preceptorship Lead Midwife



Click to watch on YouTube

Case study 3

The new "Induction: Labour of Love" podcast Episode 2 features a panel of consultant obstetricians and midwives discussing DILAPAN-S practices and outcomes in their hospital.

"Our (delivery) outcomes are the same as with Prostaglandins, but it's really improved our flow through the labour ward because you don't have women jumping the queue because they're hyperstimulating or going into labour. We have no CAT1 sections with DILAPAN-S in the stage prior to oxytocin, we don't have any hyperstimulation, so those things have made a huge difference to our workload as it reduced the number of CTGs."

- Kate Conway, Matron

Click to listen on Spotify
Skip ahead to these comments at 19:38

Dilapan-S

Hospital location
London

Birth rate
6000

Other methods
Propess & Balloon

Patient groups
Frontline maternal choice & VBACS

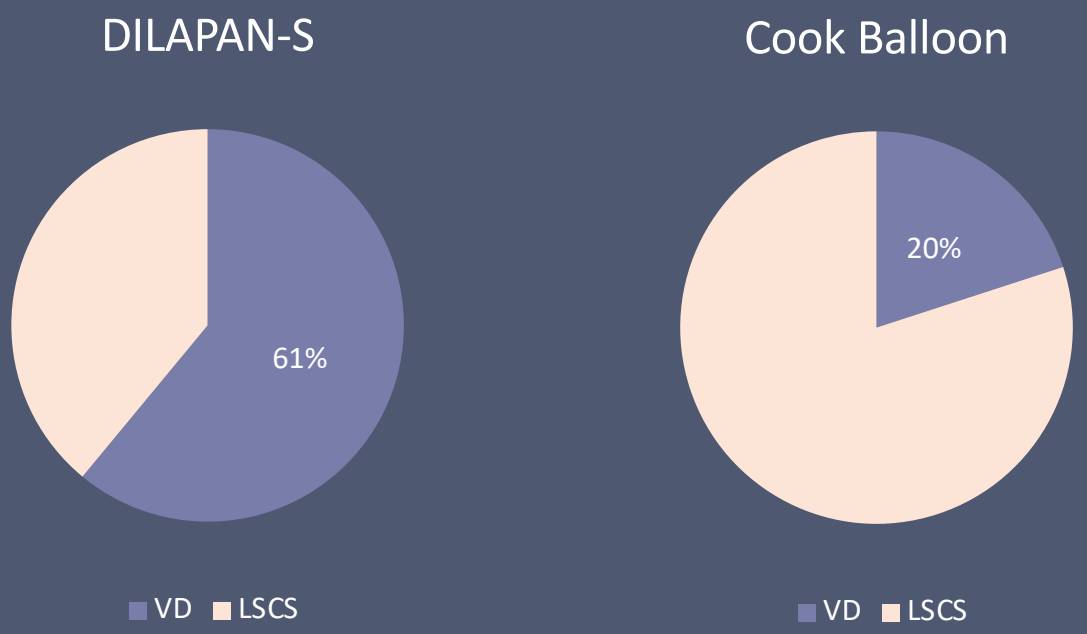
Further reading
DILAFOL Benefits page

How DILAPAN-S compares to Balloon

Case study 1

This hospital was experiencing a very low rate of successful VBACS using their original IOL method. After implementing DILAPAN-S, their VBACS rate improved by over 3x.

n = 245 (150 Primips & 95 Multips)



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Dilapan-S

Hospital location
1. **London**
2. **Various**

Birth rate
1. **6000**
2. **Various**

Other methods
1. **Propess & Prostin**
2. **Various**

Patient groups
1. **Frontline, Maternal choice & VBACS**
2. **Various**

Further reading
DILAPAN-S patient information

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DILAPAN-S for Patient Choice

Case study 1

This hospital now offers DILAPAN-S alongside Propess and Prostin as their non-mechanical method after switching from the Balloon catheter following an audit that showed their VBACS rate with DILAPAN-S was 3x higher than the Balloon. n = 245 (150 Primips & 95 Multips)

Patient analgesia usage was 15% with DILAPAN-S vs. 85% Propess **(- 70%)**
Patient feedback showed **94.1%** would recommend DILAPAN-S to a friend who needed an induction vs. 62.5% with Propess **(+ 31%)**

Case study 2

The new "Induction: Labour of Love" podcast Episode 2 features a panel of consultant obstetricians and midwives discussing DILAPAN-S practices and outcomes in their hospital. The first topic of this episode discussed is patient choice, what resources are offered to patients and at what point in their pregnancy.

Click to listen on Spotify
Skip ahead to patient choice discussion at 06:02

Dilapan-S

Hospital location

1. **North West**
2. **London**
3. **North West**
4. **Essex**

Birth rate

1. **5000**
2. **6000**
3. **1200**
4. **8800**

Other methods

1. **Prostaglandins and Balloon**
2. **Propess & Prostin**
3. **Prostin**
4. **Prostaglandins**

Patient groups

Frontline

Return to contents page

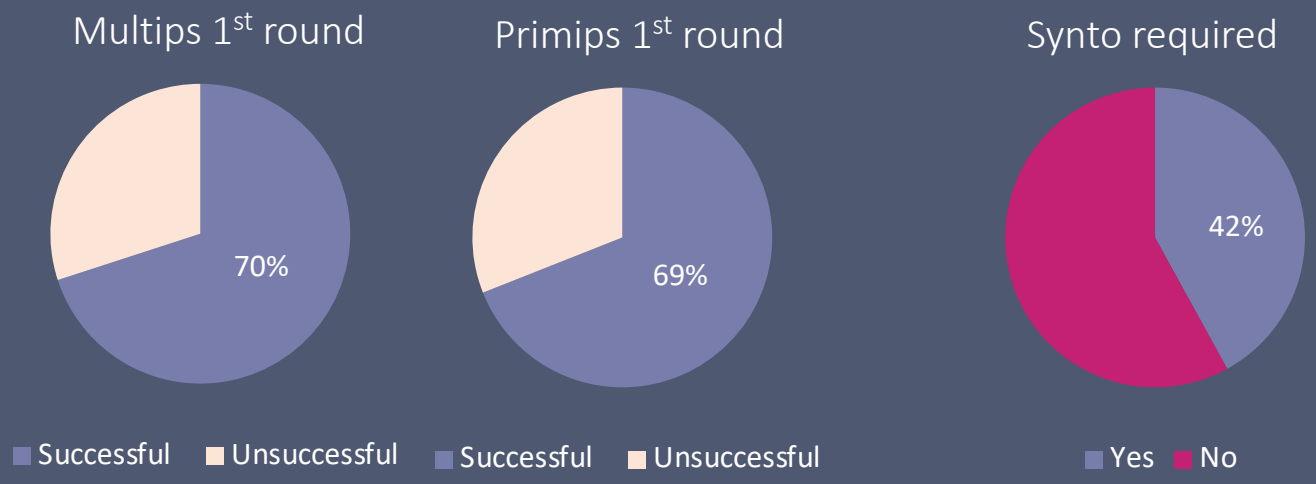
DILAPAN-S for Frontline IOL

Case studies 1, 2, 3 & 4

The combined vaginal delivery data of 4 hospitals using DILAPAN-S as their frontline method was **64.6%** ranging from 59% - 77%. For a breakdown of these results, see the vaginal delivery rates case study pages. n = 1,493 (782 Primips & 711 Multips)

Case studies 1, 2 & 3

The combined 1st round success data of 3 hospitals using DILAPAN-S as their frontline method was **70%** for multips and **69%** for primips ranging from 60% - 83%. The average syntocinon usage following ARM was **42%** ranging from 27% - 50%. For a breakdown of these results, see the 1st round success and syntocinon usage case study pages. n = 81 (36 Primips & 45 Multips)



Dilapan-S

Hospital location
Essex

Birth rate
8800

Other methods
Prostaglandins

Patient groups
Frontline & Outpatients

Further reading
HOMECARE
Time & Cost Savings

DILAPAN-S for Outpatient Induction

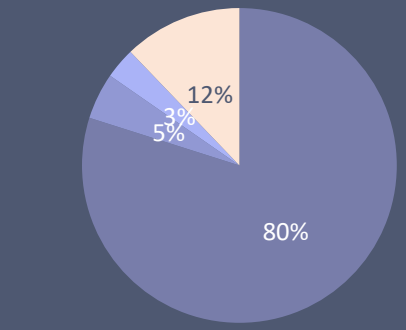
Case study 1

This hospital started DILAPAN-S in 2020 as their frontline induction method. After introducing DILAPAN-S, their outpatient induction rate increased from 8% to 32%. Since 2022, their outpatient induction rate has increased further to **39%.** Their 2022 audit showed their VD rate for primips was **10% higher** in the outpatient group. They have found a higher outpatient rate has increased patient satisfaction, as well as helped to relieve workload on the ward.

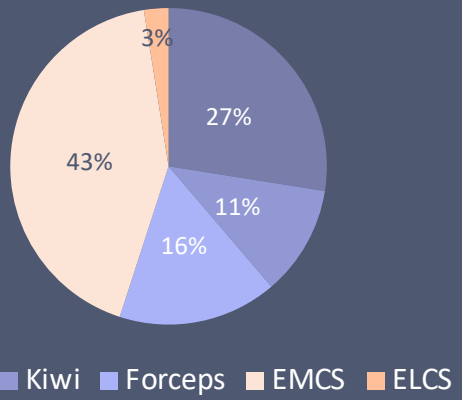
n = 1,409 (2021 Jan-Nov : 579 Primips & 517 Multips. 2022 Jan-April: 164 Primips & 149 Multips)

Combined outpatient vaginal delivery rate = **78%**

Multips OP 2021-22



Primips OP 2022



Click to watch on YouTube

Return to contents page

Dilapan-S

Hospital location
Wales

Birth rate
2500

Other methods
Propess & Prostin

Patient groups
VBACS
Outpatients
2nd or 3rd line

Further reading
HOMECARE
Time & Cost Savings

Return to contents page

DILAPAN-S for Outpatient Induction

Case study 2

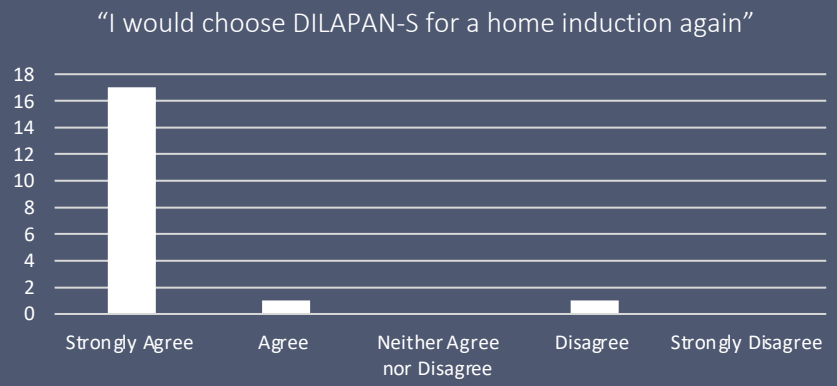
This hospital conducted a feedback survey for their patients who had an outpatient induction with DILAPAN-S using a Likert scale and dichotomous questions. 13 participants had previously had a hormonal induction. n = 19

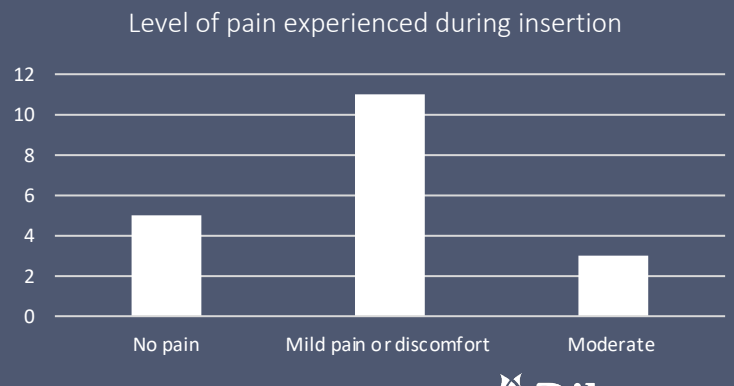
- **94.7%** would go home with DILAPAN-S again
- **90%** would recommend an outpatient induction with DILAPAN-S to a friend
- **100%** were able to mobilise, eat, and shower as normal

"Felt like a more natural pain than pessary"

"Discomfort and soreness was much less compared with hormone"

"It was like a natural pain"





Dilapan-S

Hospital location
North East

Birth rate
2200

Other methods
Prostin

Patient groups
Frontline & Outpatients

Further reading
HOMECARE
Time & Cost Savings

DILAPAN-S for Outpatient Induction

Case study 3

The new "Induction: Labour of Love" podcast Episode 3 features a panel of hospitals from the North of the UK using DILAPAN-S for different patient groups, including outpatient IOL.

"You don't get Prostin pains with DILAPAN-S so it's a much more comfortable experience. I'm honest that it's a lengthier insertion and more uncomfortable than putting in a Prostin, but that's it really since you don't examine them for another 12-15 hours. With Prostin they're probably having 3 or 4 VEs but with DILAPAN-S it's 1 and they can go home. Our women with children like that because they get to spend more time at home with their other children, rather than their children missing mummy for a few days then suddenly mum comes home with a new baby"

- Jill Sturt, Consultant Obstetrician

Skip ahead to these comments at 13:08

Return to contents page

Dilapan-S

Hospital location
1. **London**
2. **Various**
3. **East Midlands**

Birth rate
1. **6000**
2. **Various**
3. **3500**

Other methods
1. **Propess & Prostin**
2. **Various**
3. **Propess & Prostin**

Patient groups
1. **Frontline, Maternal choice & VBACS**
2. **Various**
3. **Frontline**

Further reading
Time & cost savings

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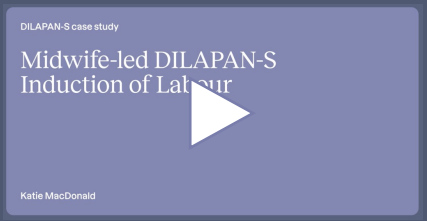
DILAPAN-S for Midwife-led IOL

Case study 1

Watch "Midwife-led Induction of Labour with DILAPAN-S" on YouTube by clicking on the video.



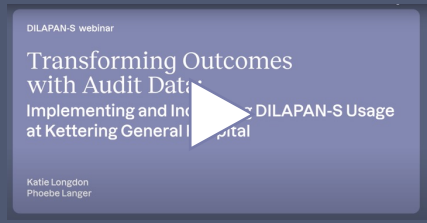
Case study 2

The new "Induction: Labour of Love" podcast Episode 2 features a panel of consultant obstetricians and midwives discussing DILAPAN-S practices and outcomes in their hospital. One hospital with very successful outcomes using DILAPAN-S for midwife-led IOL shares their advice, current practice and future plans.

Click to listen on Spotify
Skip ahead to midwife-led discussion at 12:22

Case study 3

This hospital using DILAPAN-S for midwife-led induction of labour shares their outcomes, how they gave their midwives confidence, and how they're keeping up the momentum.



Dilapan-S

Hospital location
Wales

Birth rate
5200

Other methods
Propess & Prostin

Patient groups
Frontline

Further reading
Training Video

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Insertion Procedure Advice

Case study 1

”The more you use it, the easier it is – it’s all about practice. It helps to offer to all women. We all feel much more confident using it and we’re much better at inserting it. Initially we only used it for VBACs and SGA babies - their cervixes were typically very difficult to reach and unfavourable. Now we’ve opened the patient groups up, it has really helped develop our confidence. Having more favourable cervixes to work with initially helps build your confidence. We’ve seen loads of benefits. I’ve also seen an improvement in the comfort of my patients since my insertion technique has improved - now they’re in next to no pain during the insertion, and afterwards just some mild period pain, if that. Also - learn both (digital and speculum) techniques, as you might find you’re better at one or the other. Inserting 2-3 dilators for cervixes that aren’t favourable enough for the full 4-5 has worked really well, we just need more people to be aware that it helps.”

- Lauren Day, Lead Midwife

Insertion tips from the DILAPAN-S Midwives

1. **Position:** Ensure the patient is in an optimum position prior to commencing insertion. Really encourage the pelvis to be tilted, this could be in lithotomy, using a pillow, ultrasound wedge etc. The right position makes a huge difference to the insertion.
2. **Prepare:** Get all equipment set up and in a place where you can reach it once you begin. This will make the process quicker and easier for both yourself, and the patient.
3. **Don’t give up** if you can’t get it in the first time, it can be fiddly sometimes, so take a breath and try again, especially if you are new to it. You may occasionally need a second person to have an attempt. (Think about a time when you couldn’t cannulate someone or ARM them, you wouldn’t just give up, you’d have another go and then ask a colleague to try). You’ve got this!

Dilapan-S

Hospital location
Wales

Birth rate
5200

Other methods
Propess & Prostin

Patient groups
Frontline

Further reading
Training Video

Improving Outcomes

Case study 1

We asked a midwife how their unit has achieved great outcomes using DILAPAN-S.

Guidelines: We use DILAPAN-S as an alternative to Propess to shorten the induction period. If a consultant uses Propess after DILAPAN-S, it increases the length of induction so we try to encourage seeing them as alternatives to each other rather than using them together. Something that has worked well is if we can't get 4-5 dilators in initially, just insert as many dilators as you can, then (after 4-6 hours) remove them, assess the cervix and do a full 4-5 dilator insertion afterwards.

Protocol: We decided it was best to ARM on the induction ward, and have a midwife allocated just in case there were any issues she could go straight to delivery suite to avoid delays. We trialled it for 2 months and it worked really well. Communication is key - at the point we assess for ARM, we call our delivery suite first, then call our coordinator on the MLU so everyone is aware what's happening. All patients then have a CTG post-ARM for 30 mins and if it's normal then they can be transferred. They mobilise on the MLU for 6 hours. If labour starts then they stay on the MLU, but if there's no signs of labour then we recommend transfer back to delivery suite to have syntocinon. Women have the option during the 6 hours of mobilisation to request a transfer back to delivery suite if they're fed up, but we give them as much time as possible to get into active labour. We still regularly assess them to ensure the baby isn't in distress and baselines are still normal, but as long as there's no change in risk status, they can stay for 6 hours. Some women even opt to stay for longer. We feel it's important to look at how we can maintain the midwife-led pathway and not automatically assume that because they're having an induction, they need to be consultant-led.

Top tips: Have patience to see the results. Antenatal education has been really helpful for us - I run a virtual info session with patients prior to their induction, so when they come in they know the process and don't feel nervous. Inserting 2-3 dilators for cervixes that aren't favourable enough for the full 4-5 has worked really well.

Watch her full testimonial here

Return to contents page

Hospital location
London

Birth rate
6000

Other methods
Propess & Prostin

Patient groups
Frontline
Maternal choice

Further reading
Training Video

Return to contents page

Improving Staff Confidence

Case study 1

We asked a HCP how the midwives at their unit achieved a high level of confidence using DILAPAN-S.

"There was a lot of clinical education support on the ward by the team leader, and some doctors were very good at teaching, and it helped having the DILAPAN-S team present to support not only on the ward, but day assessment too for our outpatients."

- Farida Kagimu, Team Leader Antenatal Ward

Timestamps
How they manage insertions: **0:05**
Staff confidence: **0:27**
Implementing DILAPAN-S into a wider patient group: **3:03**
Persuading staff to give DILAPAN-S a chance: **5:35**
How they changed their hospital guidelines: **7:27**

Click to listen to the full interview

Insertion tips from the DILAPAN-S Midwives

1. **Position:** Ensure the patient is in an optimum position prior to commencing insertion. Really encourage the pelvis to be tilted, this could be in lithotomy, using a pillow, ultrasound wedge etc. The right position makes a huge difference to the insertion.
2. **Prepare:** Get all equipment set up and in a place where you can reach it once you begin. This will make the process quicker and easier for both yourself, and the patient.
3. **Don't give up** if you can't get it in the first time, it can be fiddly sometimes, so take a breath and try again, especially if you are new to it. You may occasionally need a second person to have an attempt. (Think about a time when you couldn't cannulate someone or ARM them, you wouldn't just give up, you'd have another go and then ask a colleague to try). You've got this!

Dilapan-S

Hospital location
2. **Wales**
3. **North East**

Birth rate
2. **5200**
3. **2200**

Other methods
2. **Propess & Prostin**
3. **Prostin**

Patient groups
2. **Frontline**
3. **Frontline and Outpatients**

Further reading
Training Video

Return to contents page

Improving Staff Confidence

Case study 2

"Practice! The more you use it (it helps to offer to all women) we all feel much more confident using it and we're much better at inserting it. Initially we only used it for VBACs and SGA babies - their cervixes were typically very difficult to reach and unfavourable. Now we've opened the patient groups up, its really helped develop our confidence. Having more favourable cervixes to work with initially helps build your confidence. We've seen loads of benefits. I've also seen an improvement in the comfort of my patients since my insertion technique has improved - now they're in next to no pain during the insertion, and afterwards just some mild period pain if that. Also - learn both techniques, as you might find you're better at one or the other."

- Lauren Day, Lead Midwife

Watch her full testimonial here

Case study 3

"The DILAPAN-S reps have been very supportive giving regular training sessions. We also have a training model that staff can access at all times. The confidence comes as you do more and more insertions. As we offer all our women the option of DILAPAN-S we get reasonable patient numbers through to gain confidence in insertion."

- Jill Sturt, Consultant Obstetrician

Read her full testimonial here

Dilapan-S

Hospital location
1. **Wales**
2. **East Midlands**

Birth rate
1. **5200**
2. **3500**

Other methods
1. **Propess & Prostin**
2. **Propess & Prostin**

Patient groups
1. **Frontline**
2. **Frontline**

Further reading
n/a

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Addressing Culture Change

Case study 1

"Changing staff attitudes is crucial - it can be hard to convince people without any experience with DILAPAN-S that it's a good option. Lots of training is important to make people feel confident inserting it before you fully roll it out. Find midwives who are passionate about giving choice to women & reducing hyperstimulation, share data where it has worked in other areas. Now we have a good group of midwives, some of which had a baby induced using DILAPAN-S, who really understand the benefits so that's really helped. Getting consultants on board is also really important….We've tried to move away from the bishop score system. With Propess you usually get a high bishop score before ARM, with DILAPAN-S it's usually closer to 4 or 5, but they're still 3cm dilated and you're still able to break their waters. Educating staff that they don't need to be a high BS; as long as the cervix is soft and dilated, it's still possible. With DILAPAN-S you won't get necessarily get effacement, but you will get a soft stretchy cervix. Staff having the experience of being able to ARM a low BS non-effaced cervix has really helped change their attitudes."

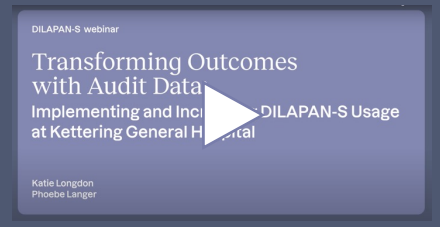
- Lauren Day, Lead Midwife

Watch her full testimonial here

Case study 2

"We created a poster with our audit data for our staff to remind them that women who have Propess are 13% less likely to have a normal delivery than with DILAPAN-S, and women who have DILAPAN-S have a more positive experience overall. This really helped to encourage and empower them to make the decision to choose DILAPAN-S, as well as help counselling patients"

- Phoebe Langer, Preceptorship Lead Midwife



Click to watch on YouTube

Dilapan-S

Hospital location
1. **Wales**
2. **South East**

Birth rate
1. **5200**
2. **3150**

Other methods
1. **Propess & Prostin**
2. **Propess & Prostin**

Patient groups
1. **Frontline**
2. **Frontline**

Further reading
SOLVE
DILAFOL

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Overcoming Stakeholder Resistance

Case study 1

"I think it's just lack of knowledge, not having time to familiarise themselves with the benefits. Some consultants who were apprehensive are now really on board - seeing is believing. We've shown the consultants the RCTs (SOLVE, DILAFOL etc.) but it's really about seeing their patients get the benefits of DILAPAN-S."

- Lauren Day, Lead Midwife

Watch her full testimonial here

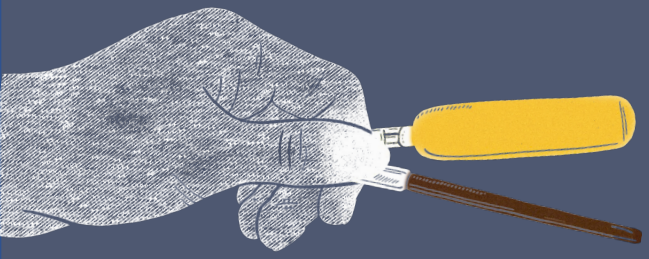
Case study 2

"Some were very keen to get involved, others were very resistant. We still have some people who don't like inserting it because it can be fiddly to start with. Everyone is busy and wants to speed it up, but if you invest 30 minutes to get it in properly and make sure your patient is comfortable, you get a much better outcome. You have to be there to push the staff and make sure they're supported, make sure everyone is trained and happy with how it works, but you need people there at the first few insertions to reassure they've done it right! Otherwise, they just abandon it and give them a Propess. (To help overcome the resistance) we trained the CPD team, band 7 coordinators, and core antenatal team as our key team to start with. We added it to our mandatory training so every midwife was trained over the course of a year, and it's now included in induction training for every new midwife. We had the DILAPAN-S team coming in to support us too."

- Kate Conway, Matron

Watch her full testimonial here

Dilapan-S



Top-Tips from HCPs

We made the mistake of starting out offering to just a small number of patient groups which made the implementation, and acceptance of change with staff much more disjointed and slower, with more resistance. If I could do it again, I would have started out offering to all patient groups. Make sure you have enough staff members trained to insert DILAPAN-S. Make sure your community staff are aware and have been educated about DILAPAN-S as they are the staff group that talk to the patients most about the induction process.
Jill Sturt, Consultant Obstetrician

Be prepared for the journey, it won't happen overnight. You need a programme of training to train ALL midwives, not just your core team. Get some consultants behind it and supporting you, they can support less confident midwives with inserting. It's crucial that it be a midwife-led process. Obstetrician-led IOL can slow the process, and the benefit of DILAPAN-S for us is about improving the speed, efficacy, and efficiency of IOL and reducing delays.
Kate Conway, Matron

We created an audit data poster for our staff with our DILAPAN-S vs. Propess outcomes so they see it improves normal delivery rates and patient satisfaction, which encourages and empowers staff to use DILAPAN-S. We target our training to staff who most need support, offer to observe their insertions, and allow access to the training model at all times. We also trained our doctors so they're able to help a midwife with insertion if they struggle.
Phoebe Langer, Preceptorship Lead Midwife

Have patience to see the results. Antenatal education has been really helpful for us - I run a virtual info session with patients prior to their induction, so when they come in they know the process and don't feel nervous. Inserting 2-3 dilators for cervixes that aren't favourable enough for the full 4-5 has worked really well, we just need more people to be aware that it helps.
Lauren Day, Lead Midwife

I've found having a standalone torch, longer speculum and (ideally) a lithotomy bed have made the process easier. Tilting the pelvis with a wedge or pillow also brings the cervix forward for those that are a little posterior.
Rebecca Villasanta, Midwife

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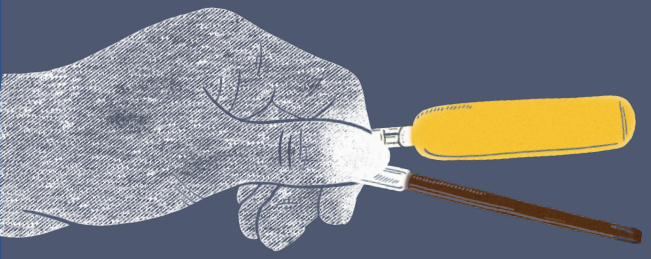

Want to learn more?

Click the buttons below to download educational resources.

DILAPAN-S Product Brochure

Time and Cost Savings

HOMECARE Study Brochure

SOLVE Study Brochure

COMRED Study Brochure

DILAFOL Study Brochure

Patient Information Leaflet

Insertion Guide Video

E-Learning Platform

Want to speak to a healthcare professional?

For a real-life conversation, complete this form to be put in touch with a healthcare professional who is experienced with DILAPAN-S. The form will ask what outcomes, challenges, and IOL methods you would like to discuss so we know who would be best for you to speak with based on their experience.

Contact form

Dilapan-S

How to Order

DILAPAN-S is available to purchase directly via AGHealth or via NHSSC.

Description	Product code	Quantity
DILAPAN-S - 4mm x 55mm – IOL	DS002-4X55	25/box
DILAPAN-S - 4mm x 65mm – TOP	DS002-4X65	25/box
DILAPAN-S - 3mm x 55mm – Fertility	DS002-3X55	25/box

Place an order **sales@aghealth.co.uk**

Product enquiries **info@aghealth.co.uk**

AGHealth is a UK-based company, specialising in leading obstetric products.
We offer hands-on clinical support via our training programme lead by our DILAPAN-S specialist midwives.

We are also able to support with

- Audit data analysis
- Example SOP & business cases
- Patient information resources
- Training videos & guides
- Educational resources for HCPs

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