

Does one Caesarean Section mean all subsequent births will go the same way?



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I was reading with great interest recently about the high rates of Caesarean Sections (CS) in the UAE. While the WHO has a target of 15-20% for CS for any region, the UAE has more than double that.

A CS can save the lives of mothers and babies when performed in an emergency, however many women are electing to have this surgery even when it is medically unnecessary. A CS involves major abdominal surgery which weakens the uterine walls and increases the risk of uterine rupture, which can be life threatening for both mother and baby. Consequently, the risks increase with multiple Caesareans Sections.

Whatever the reason for electing to have a CS, it was often thought that once a woman had undergone a CS, all subsequent pregnancies would have to result in another – but not any more.

The concern was that the most commonly used agents for pre-induction of labour – prostaglandins (PG) – cause uter-

ine contraction. This could result in the previous CS scar rupturing. Prostaglandins also frequently result in a decrease in the fetal heart rate. As a result, women undergoing PG pre-induction need constant monitoring to ensure there are no problems for the baby.

The alternative to PG use for labour pre-induction is Dilapan-S. Dilapan-S is a totally synthetic polymer that functions as an osmotic cervical dilator. As it is synthetic, its dilatation is entirely predictable and it is guaranteed sterile – both features that the old seaweed-based laminaria could never aspire to.

The Dilapan-S rod is inserted into the cervical canal and absorbs the natural moisture therein. This causes the Dilapan-S to expand. This expansion initiates endogenous prostaglandin release causing collagen degradation which softens the cervix.

Dilapan-S is produced in the Czech Republic and several studies in large teaching hospitals there have shown that in labour pre-induction, Dilapan achieves the same improvement in the Bishop score as PG but without any of the PG adverse effects on uterine contractility nor on fetal heart rate. No monitoring is required and the women are usually sent home with the Dilapan-S in place overnight. Over 80% report that they were able to sleep comfortably whilst dilatation was taking place.

The majority of women went on to spontaneous vaginal delivery, including those who had undergone CS with an earlier pregnancy.

Dilapan-S can therefore avoid subsequent CS, reduce fetal distress, avoid uterine contractility and save costs by reducing the need for any monitoring or theatre-based interventions.

References:

1) Zahumensky, J et al; “The impact of the number of pieces of osmotic dilator Dilapan-S used for cervical ripening on the course and outcome of labour”; Poster presented at 13th World congress in Fetal Medicine, June 29th- July 3rd, 2014, Nice, France.

2) Vlk, R et al; “Efficacy and safety of the osmotic dilator Dilapan-S for cervical ripening in women with/without Caesarean section “ Poster presented at 13th World Congress in Fetal Medicine, June 29th- July 3rd, 2014, Nice, France.

3) Hruban, L et al; “Effectiveness and safety of the osmotic dilator Dilapan-S for cervical ripening in females with/without Caesarean section in medical history”, Poster presented at XXIV European Congress of Perinatal Medicine, June 4th – 7th, 2014, Florence, Italy. **MEH**

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