



DILAPAN-S savings in numbers

Predictable, non-pharmacological IOL with high maternal satisfaction

DILAPAN-S inpatient cervical ripening saves midwives 2.4 hours per IOL and is cost neutral to dinoprostone vaginal insert¹

Using data from the SOLVE trial² researchers compared the cost of two induction methods recommended by NICE: DILAPAN-S and dinoprostone vaginal insert.

They found that for midwives, DILAPAN-S saved **2.4** hours of time per induction.

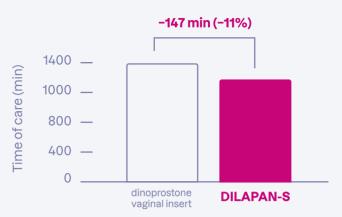


Figure 1 Time of care required per induction for DILAPAN-S and dinoprostone vaginal insert (adapted from UK economic model; Walker et al., 2022)

The time saving with DILAPAN-S resulted from

Reduced monitoring time

Lower rate of hyperstimulation

Significantly less analgesia requirements

Total cost of care per induction

	DILAPAN-S		Dinoprostone vaginal insert		Savings with DILAPAN-S
Admission	£ 3	3	£ 58	£	25
Ripening	£ 1,78	5	£ 1,917	£	132
Labour	£ 1,70	8	£ 1,556	£	-152
Total	£ 3,52	5	£ 3,531	£	6

The UK cost analysis considered 14 relevant factors during admission, ripening and labour, such as the cost of oxytocin, mode of delivery, and the product itself.

The upfront cost of cervical ripening agent represents only around 1% of the total cost of induction¹.

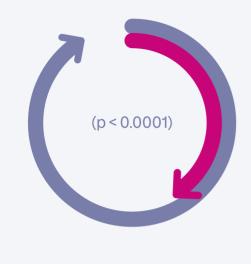
Factors such as safety, analgesia usage, and staff time account for the majority of the cost.

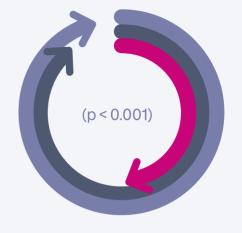


DILAPAN-S additional savings for outpatient ripening

Time savings







Saad AF et al. (US)3

DILAPAN-S outpatient	9 hrs
DILAPAN-S inpatient	19 hrs

Kumer J et al. (Germany)⁵

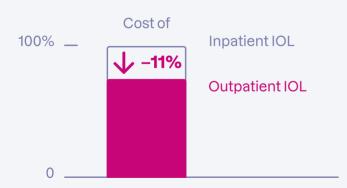
DILAPAN-S outpatient	10.9 hrs
Oral misoprostol inpatient	17.9 hrs
Vaginal dinoprostone inpatient	21.8 hrs

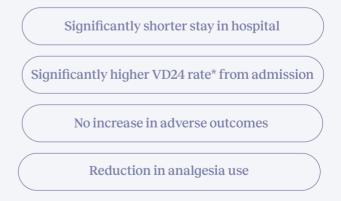
Figure 2 Time reduction with DILAPAN-S outpatient vs inpatient use (adapted from economic evaluation; Avritcher et al., 2023)

Figure 3 Time reduction with outpatient use of DILAPAN-S vs. inpatient use of pharma methods (adapted from Kumer et al., 2023)

DILAPAN-S outpatient ripening significantly reduces time from admission to active stage of labour, which may incur time savings for staff and improve patient flow.

Cost savings





Outpatient cervical ripening with DILAPAN-S led to significant cost savings of 11% when compared to inpatient⁴.





DILAPAN-S time and cost in facts

11%

Total cost savings with outpatient ripening4

Up to 10 hours

of hospitalisation time saving with outpatient ripening³

2.4 hours

Midwife time saved per IOL1

Only 1%

of the total IOL cost is the cost of the ripening agent1

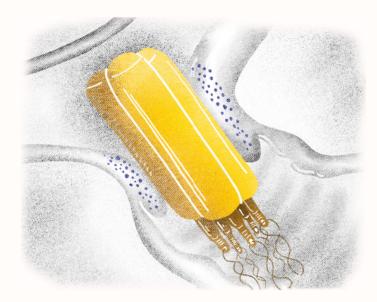
Why choose DILAPAN-S

Reduced workload

Enhanced safety profile

Hospital budget savings

Superior maternal satisfaction



Optimised ward management

Reduced monitoring requirements

Comparable VD*/ VD24* rate to PGEs

High predictability for scheduling

References

- Walker KF et al. Synthetic osmotic dilators (DILAPAN-S) or dinoprostone vaginal insert (Propess) for inpatient induction of labour: A UK cost-consequence model. Eur J Obstet Gynecol Reprod Biol. 2022 Nov;278:72-76
- 2. Gupta JK et al. A randomised trial of synthetic osmotic cervical dilator for induction of labor vs dinoprostone vaginal insert. Am J. Obstet Gynecol MFM.2022;4:100628
- Saad AF et al. Outpatient compared with inpatient preinduction cervical ripening using a synthetic osmotic dilator: A randomised clinical trial. Obstet Gynecol. 2022 Oct 1;140(4):584-590
- Avritscher EBC et al. Economic evaluation of outpatient vs inpatient cervical ripening using DILAPAN-S prior to induction of labor. Poster presentation. Am J. Obstet Gynecol, Vol 228, Issue 1, Supplement, S631, Jan 2023
- Kumer J et al. Cervical ripening as an outpatient procedure in the pandemic minimising the inpatient days and lowering the socioeconomic costs. J. Perinat. Med. 2022; aop







^{*} VD = vaginal delivery rate VD24 = vaginal delivery rate within 24 hours