

# CERVICAL DILATATION

## INDICATIONS:

- As an adjunct in termination of missed abortion, during the first trimester
- As an adjunct in second trimester delivery of intrauterine fetal death
- As an adjunct in labor induction in late pregnancy complicated by intrauterine fetal death

## PROCEDURE:

- Confirm patient's decision, once cervical dilation initiated, uterus must be emptied.

## MECHANICAL DILATION

Sequential insertion of graduated dilators (Pratt or Hegar) can be used alone. Higher risk of perforation and cervical trauma than with misoprostol or osmotic dilators.

## MISOPROSTOL

Buccal, sublingual or vaginal Misoprostol (Cytotec) 400mg 1½ to 3 hours before procedure can aid in dilatation.<sup>1</sup>

## OSMOTIC DILATORS

Synthetic dilators (Lamicel, Dilapan) produce faster dilation than Laminaria (4-8 vs. 12-18 hours).<sup>2</sup>

- Cleanse cervix with betadine solution.
- Dilators to be utilized should have been previously sterilized by ethylene oxide.
- Insert 2 or 3 dilators into the cervical canal parallel to each other, avoiding intrauterine placement or ROM. Dilators MUST be placed parallel in the cervical canal. Allis clamp may be used to stabilize cervix.
- Several folded 4x4 sterile gauze placed against cervix to hold dilators in place.
- Note number of laminaria used in chart.
- Placement should be at least 4 to 12 hours prior to anticipated delivery method (depending on type).
- Dilators MUST be removed before 48 hours to avoid infection.
- After removal of dilators, vacuum aspiration, prostaglandin induction or oxytocin
- Induction may proceed depending upon clinical circumstances
- Instead of Laminaria, may use Dilapan inserts, 3 and 4 mm x 55-65 mm lengths. If 14 weeks - use 1-2 inserts; if 16 weeks - use 2-3 inserts; if 18-19 weeks - use 4 inserts; if 20 weeks - use 5 inserts. Connect all by suture to gauze so when the gauze is removed, the inserts will follow.

In later pregnancies it is better to place a large number of small laminaria (2-3mm) than a few large ones (6mm) as you get better dilatation and placement is easier.<sup>2</sup>

## REFERENCES:

- (1) Goldberg AB, Greenberg MB, Darney PD. Misoprostol and Pregnancy. NEJM 2001; 344 (1): 38-47.
- (2) Shulman LP, Ling FW. Overview of pregnancy termination. Up To Date, accessed 4 15 05.