Oxytocin

Induction of labour

See flowchart: Method of induction

Oxytocin

Pre oxytocin commencement:
- Complete pre IOL assessment
- If membranes intact, perform ARM

Oxytocin administration:
- Via sidleine/secondary IV access
- Volumetric pump required
- Record dose in milliunit/minute

Observation and care
- Provide one-to-one midwifery care
- Commence intrapartum record
- Continuous CTG
- Maternal and fetal observations as per first stage of active labour
- Maintain fluid balance chart

Dose management
- Use minimum dose required to establish and maintain active labour
- Maternal and CTG review prior to any increase
- Aim for contractions:
  - 3–4 in a 10 minute period
  - Duration of 40–60 seconds
  - Resting period not less than 60 seconds
- Titrate against uterine contractions
- Increase at 30 minute or longer intervals
- Obstetric review required:
  - Prior to exceeding 20 milliunit/minute
  - At 32 milliunit/minute if labour has not commenced
  - Prior to recommencing

If recommencing infusion
- Consult with an obstetrician
- If ceased for less than 30 minutes, recommence at half the previous rate
- If ceased for greater than 30 minutes, consider recommencing at less than half the previous rate

Indications
- IOL with ruptured membranes

Contraindications
- Do not commence oxytocin within:
  - 6 hours of dinoprostone gel
  - 30 minutes of removal of dinoprostone pessary

Cautions
- Discuss with obstetrician if:
  - Previous uterine surgery (e.g. CS, myomectomy)
  - Multiple pregnancy
  - More than 4 previous births
  - Cardiovascular disease

Infusion: oxytocin
(30 International units in 500 mL)
1 milliunit/minute = 1 mL/hour

<table>
<thead>
<tr>
<th>Time after starting (minutes)</th>
<th>Dose (milliunit/minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>60</td>
<td>4</td>
</tr>
<tr>
<td>90</td>
<td>8</td>
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<tr>
<td>120</td>
<td>12</td>
</tr>
<tr>
<td>150</td>
<td>16</td>
</tr>
<tr>
<td>180</td>
<td>20</td>
</tr>
</tbody>
</table>

Prior to exceeding 20 milliunit/minute obstetrician review required

| 210                          | 24                      |
| 240                          | 28                      |
| 270                          | 32                      |

*Exercise caution in women with previous uterine surgery and consider a maximum dose of 20 milliunit/min

ARM: artificial rupture of membranes; CS: caesarean section; CTG: cardiotocograph; FHR: fetal heart rate; IOL: induction of labour; IV: intravenous; VBAC: vaginal birth after caesarean section; <: less than