

Oxytocin

Induction of labour See flowchart: *Method of induction* **Oxytocin**

Indications

- IOL with ruptured membranes

Cautions

- Do not commence oxytocin within:
 - 6 hours of dinoprostone gel
 - 30 minutes of removal of dinoprostone pessary
- Discuss with obstetrician if:
 - Previous uterine surgery (e.g. CS)
 - Multiple pregnancy
 - More than 4 previous births
 - Cardiovascular disease

Potential side effects

- Uterine hyperstimulation
- Nausea and vomiting
- Water intoxication or hyponatremia with prolonged infusion (rare with isotonic infusion)
- Primary postpartum haemorrhage
- If planned VBAC: uterine dehiscence and rupture
- Rarely (< 0.1%) arrhythmias, ECG changes, anaphylaxis, tetanic contractions, transient hypotension, reflex tachycardia

Pre oxytocin commencement:

- Complete pre IOL assessment
- Verify CTG normal
- If membranes intact, perform ARM

Oxytocin administration:

- Via sideline/secondary IV access
- Volumetric pump required
- Record dose in milliunit/minute

Infusion: oxytocin (30 International units in 500 mL) 1 milliunit/minute = 1 mL/hour	
Time after starting (minutes)	Dose (milliunit/minute)
0	1
30	2
60	4
90	8
120	12
150	16
180	20
Prior to exceeding 20 milliunit/minute obstetrician review required	
210	24
240	28
270	32

Observation and care

- Provide one-to-one midwifery care
- Commence intrapartum record
- Commence continuous CTG at the onset of first contractions
- 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 FHR 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
 - If infusion ceased
 - Prior to recommencing
- Document changes to dose clearly and contemporaneously on the intrapartum record and/or CTG

If recommending 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, recommence at initial starting dose

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ARM Artificial rupture of membranes; **CS** Caesarean section; **CTG** Cardiotocography; **ECG** Electrocardiograph; **FHR** Fetal heart rate; **IOL** Induction of labour; **IV** Intravenous; **VBAC** Vaginal birth after caesarean section; **<** less than; **≥** greater than or equal to

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