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

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 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, recommence at initial starting dose

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

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