

- **The 30 minute incremental infusion rates of oxytocin to be followed are:**

**5 units oxytocin made up to 50 ml with 0.9% sodium chloride ie. 5 units in 1 ml oxytocin + 49 mls in 0.9% sodium chloride**

- Start the infusion at 1.5ml/hr increasing every 30 minutes to a maximum of 9.0 ml/hr via an IVAC volumetric infusion device.

**Rate Commencing at:**

Start 1.5 ml/hr then after 30 minutes  
 3.0 ml/hr then after 30 minutes  
 4.5 ml/hr then after 30 minutes  
 6.0 ml/hr then after 30 minutes  
 9.0 ml/hr maximum

- NICE guidance, suggests that if regular contractions are not established after five hours on suggested regime, then the induction should be stopped and a plan of management considered and clearly documented.<sup>1</sup>
- At commencement of oxytocin please use appropriate sticker (see below)

OXYTOCIN		
WHEN STARTING		WHEN TO STOP/REDUCE
Indication:		Hyperstimulation (>5/10) and pathological CTG
IOL	<input type="checkbox"/>	OR
1 <sup>st</sup>	<input type="checkbox"/>	Deceleration >3 minutes
2 <sup>nd</sup>	<input type="checkbox"/>	OR
Postnatal	<input type="checkbox"/>	Following titration after delivery of baby
		Reduce oxytocin and obtain medical review: Hyperstimulation and normal/suspicious CTG

**8.5 Oxytocin Regimen for Induction/Augmentation of Labour in pre-eclampsia**

- Oxytocin should not be started for six hours following administration of vaginal prostaglandins

**REDUCE OR STOP THE INFUSION RATE IF:**

- STOP IF PROLONGED DECELERATION >2MINS OR BRADYCARDIA. OTHER CTG CONCERNS SHOULD TRIGGER IMMEDIATE MEDICAL REVIEW AND DECISION RE. OXYTOCIN
- Contractions last > 60 seconds
- Uterus does not relax between contractions

- Water intoxication associated with high doses with large infusion volumes of electrolyte-free fluid

Note: Oxytocin must not be infused through the same line as blood or plasma (Oxytocinase can inactivate Oxytocin).

### **8.3.4 Oxytocin regime for induction/augmentation**

At UHNM a solution of Oxytocin should be prepared by two trained members of staff (i.e. midwife or medical staff). The authors of the guideline acknowledge the recommendations for dilutions and dose regimes for Oxytocin given in the NICE Guideline. Locally however, the decision at the Labour Ward forum (04-05-2010) and following discussion with Pharmacy, was to use the following Oxytocin low dose regimen for every patient:

5 international units Oxytocin (commonly referred to as Syntocinon® at UHNM) made up to 50 mls with 0.9% Sodium Chloride (1ml (5 international units) Oxytocin + 49 mls of 0.9% Sodium Chloride)

A drug additive label should be completed by both staff members to indicate the concentration prepared and attached to the syringe of 0.9% Sodium Chloride.

#### **Rate commencing at:**

1.5 mls/hr then after 30 minutes increasing to  
3.0 mls/hr then after 30 minutes increasing to  
4.5 mls/hr then after 30 minutes increasing to  
6.0 mls/hr then after 30 minutes increasing to  
a maximum of 9.0 mls/hr or until there are 4-5 contractions in 10 minutes.

If regular contractions are not established, request a medical review (obstetric registrar or consultant) and an individual plan of management should be clearly documented.

**DO NOT INCREASE THE MAXIMUM RATE WITHOUT CONSULTING MEDICAL STAFF (OBSTETRIC REGISTRAR or CONSULTANT)**