AUGMENTATION OF LABOUR USING OXYTOCIN

AIM

- Induction or augmentation of labour by chemical stimulation of the uterus.

BACKGROUND INFORMATION

According to the World Health Organization, using mifepristone with misoprostol is the preferred method for medical termination. In general, oxytocin will only be used in special circumstances. These include the presence of intrauterine infection, heavy bleeding or ruptured membranes – usually sublingual misoprostol would be the first line agent in these circumstances. It may also be used to complete abortion initiated by prostaglandins. Prostaglandins and oxytocin may be used together, but this is usually after expulsion of the catheter or after membrane rupture where Misoprostol tablets are being used.

Oxytocin infusion may be used, as outlined below, to complete a medical termination at <20 weeks gestation. The use of oxytocin in this circumstance is uncommon and must be discussed with a consultant prior to its commencement. The dose of oxytocin used is higher than that typically given in pregnancies >20 weeks gestation due to the greater resistance of the myometrium to oxytocin at these extremely early gestations.

POTENTIAL COMPLICATIONS OF OXYTOCIN

Complications that may potentially occur with oxytocin use include:

- Uterine hyperstimulation
- Uterine rupture
- Hyponatraemia
- Hypotension
- Nausea and vomiting (infrequent)
- Rarely – arrhythmias, anaphylactic reaction.

EQUIPMENT

- 50 units Oxytocin
- Pump giving set
- Fluids as ordered (500mL Hartmann’s or N/Saline)
- Additive label
- Infusion pump
- Double or triple lumen peripheral set

DOSAGE

- Oxytocin 50 units/500 mL Hartmann’s (or N/Saline) at 50 mL/hr is usually ordered.
- The woman’s condition should be assessed by the Medical Officer every 4 hours while receiving intravenous oxytocin.

ADMINISTRATION

- Deliver the oxytocin through an infusion pump and ensure the giving set has a double or triple lumen peripheral set (V-set) attached. Note: The V-Set acts as an anti reflux valve preventing bolus administration of oxytocin.

PROCEDURE

1. Check the written orders with a second Registered Nurse.
2. Affix a completed additive label to the fluids.
3. After adding the oxytocin to the bag of fluids, shake well and commence the infusion at the ordered rate via the infusion pump.

ADDITIONAL INFORMATION

See Clinical Guideline Section Intravenous Infusion Additives.
4. Chart the infusion on the fluid balance chart.

5. **Observations**
   - Hourly temperature, pulse, blood pressure and respirations and SA02, from the commencement of the infusion.
   - See also KEMH Clinical Guideline Section A: Recognising and Responding to Clinical Deterioration.

6. Observe and document:
   - Pain
   - Uterine activity & Vaginal loss.

7. Encourage the woman to void 2 hourly. If unable to void, insert indwelling catheter. See also Clinical Guideline Bladder Care.
   - Commence and maintain a strict fluid balance chart.
   - For birth and ongoing care, see also Restricted Area Guideline: Mid Trimester Termination of Pregnancy & Management of a Woman Undergoing a Mid Trimester Pregnancy Loss.

**REFERENCES & STANDARDS**


**National Standards – Legislation**

- *Acts Amendment (Abortion) Act 1998*
- *Health Act 1911*
- See [State Law Publisher](http://www.statelawpublishers.com) for relevant WA Legislation.

**Related Policies** – [OP 1769/04: Requirement for Notification of Abortions under the Health Act 1911](http://www.wnhs.wa.gov.au/)

**Other related documents** –

- KEMH. (2013). *Pregnancy loss: In the 14th to 20th week of pregnancy*.
- KEMH Clinical Guideline: Recognising and Responding to Clinical Deterioration.
- KEMH Restricted Area Guideline: Mid trimester Termination of Pregnancy
- KEMH Restricted Area Guideline: Management of a Woman Undergoing a Mid Trimester Pregnancy Loss
- KEMH Restricted Area Guideline: Guidelines for the use of Misoprostol and Use of Mifepristone.

**RESPONSIBILITY**

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<tr>
<th>Policy Sponsor</th>
<th>HoD Maternal Fetal Medicine</th>
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<tbody>
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<td>Initial Endorsement</td>
<td>October 2010</td>
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<tr>
<td>Last Reviewed</td>
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<td>Review date</td>
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