Drug Therapy Protocols: **Oxytocin**

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<tr>
<th>Date</th>
<th>April, 2017</th>
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<td><strong>Purpose</strong></td>
<td>To ensure a consistent procedural approach to Oxytocin administration.</td>
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<td><strong>Scope</strong></td>
<td>Applies to all QAS clinical staff.</td>
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<td>This document has been security classified using the Queensland Government Information Security Classification Framework (QGISC) as UNCLASSIFIED and will be managed according to the requirements of the QGISF.</td>
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**Oxytocin**

**Drug class**
Oxytocic

**Pharmacology**
Synthetic oxytocin is a uterine stimulant that causes uterine contractions by changing calcium concentrations within uterine muscle cells. Oxytocin administered during the third stage of labour assists with placental separation, raises the tone of the uterine musculature and minimises further uterine blood loss.

**Metabolism**
Oxytocin is metabolised by the liver and excreted by the kidneys.

**Indications**
- Active management of the third stage of labour (following confirmed delivery of all foetuses)
- Prevention AND/OR treatment of primary postpartum haemorrhage

**Contraindications**
- KSAR or hypersensitivity to oxytocin
- Pre-eclampsia
- Cord prolapse
- Undelivered foetuses

**Precautions**
- Myocardial ischaemia
- May potentiate hypotension when administered with analgesia

**Side effects**
- Nausea AND/OR vomiting
- Headache
- Bradycardia
- Tachycardia

**Presentation**
- Ampoule, 10 International units (IU) / 1 mL

**Onset**
- IM 2–4 minutes

**Duration**
- 30–60 minutes

**Half-life**
- N/A
**Special notes (continued)**

- Skin to skin contact and initiation of breastfeeding/nipple stimulation should occur in addition to the use of uterotonic medications to promote natural oxytocin release and promote normothermia, maternal/neonatal bonding and early breastfeeding.

**Adult dosages**

- **Active management of the third stage of labour** (following confirmed delivery of all foetuses)
- **Prevention AND/OR treatment of primary postpartum haemorrhage**

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<th>ACP2</th>
<th>IM</th>
<th>10 International units</th>
<th>Single dose only</th>
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<td>CCP</td>
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**Paediatric dosages**

*Note: QAS officers are NOT authorised to administer oxytocin to paediatric patients.*

**Schedule**

- S4 (Restricted drugs).

**Routes of administration**

- Intramuscular (IM)

**Special notes**

- When Oxytocin is administered for the management of the third stage of labour, multiple births must be excluded prior to the drug being injected.
- Oxytocin is only to be administered to the consenting patient who agrees to an active management of third stage of labour. Women who prefer a physiological management must birth the placenta unaided, by maternal effort and gravity only. No cord traction should be used for these cases as it will contribute to uneven separation of the placenta and postpartum haemorrhage.
- To allow for the benefits of delayed cord clamping it is acceptable to do a modified active third stage management by waiting until the cord has stopped pulsating to administer oxytocin. This is particularly important in neonatal resuscitation where the baby is resuscitated between the mother’s legs (where appropriate) to receive the benefit of a pulsing cord and placental perfusion.