

Medication: Oxytocin	PDN: 6969.04	Last Updated: June 27 2019	PMD: Andrew Travers*	PDC: Tanya Fraser*	Page 1 of 1
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OXYTOCIN (Syntocinon)

1.0 Classification

- Hormone
- Uterotonic

2.0 Mechanism of Action

- Oxytocin is a naturally occurring hormone that causes uterine contraction to induce labour, encourage placental delivery, and control postpartum hemorrhage

3.0 Indications

- Delivery
- Persistent/severe postpartum haemorrhage (for oxytocin infusion)

4.0 Contraindications

- None

5.0 Precautions

- Do not mix oxytocin with any other drug
- Oxytocin must not be given prior to the delivery of the baby
- Oxytocin infusion must not be started prior to the delivery of the placenta without consulting OLMOP,

6.0 Route

- May be given IM or IV

7.0 Dosage

Adult

- After EVERY delivery: 10 U (1 mL) IM once (no repeat dose). The placenta is not required to be delivered prior to administration.
- If persistent/severe postpartum haemorrhage after delivery of placenta AND the initial 10 U IM dose (above): 30 U (3 mL) IV in 500 mL normal saline at 125 mL/hr (approximately 21 gtt/min with 10 gtt/mL set)

8.0 Supplied

- 1 mL vial of 10 U

9.0 May Be Given By

- ICP/ACP/CCP

10.0 Adverse effects

- Decrease or increase in blood pressure
- Increased heart rate
- Arrhythmia
- Anxiety
- Seizure
- Dyspnea

- Severe uterine contractions (rupture)

11.0 Special notes

- If persistent/severe postpartum haemorrhage WITH a retained placenta, contact OLMOP.
- If uncertain whether patient should receive oxytocin, contact Clinical Support
- Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

12.0 References

- Obstetrical/Gynecological Clinical Practice Guidelines
- Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed

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