



Oxytocin Challenge Test (OCT)

Birth Unit Only

HIGH ALERT

Patient: _____

Alert Record Reviewed No Allergies Known

Allergies-Adverse Reactions-Cautions: _____

Age _____ Patient's Weight _____ kg Date of Patient's Weight _____

DIAGNOSIS: _____

Items preceded by a bullet (●) are active orders. Items preceded by a checkbox (☐) are only actioned if checked (✓)
The Comfort Promise will be offered to all patients.

DIET

- NPO

FLUIDS

NaCl 0.9% IV (Primary) - Select ONE of the following:

- Infuse at 70 mL/hour
- Start at 70 mL/hour and then once **oxytocin** started, adjust rate to maintain total IV intake at 70 mL/h

BASELINE MONITORING

Before administration of oxytocin:

- Temperature, heart rate, BP, respiratory rate and initial maternal assessment
- *Fetal Health Surveillance:*
 - Non-stress test (NST) for a minimum of 20 minutes
 - If contractions spontaneously occur (3 contractions lasting 60 seconds each within a 10-minute period), the response may meet the definition of a spontaneous contraction stress test and be interpreted using the table on page 2.

MEDICATION (See page 2 for infusion preparation and infusion rates)

- **oxytocin** 30 units in 500 mL NaCl 0.9%:
 - Initiate at 2 milliunits/minute
 - Increase by 2 milliunits/minute q30min, until one of the following is reached:
 - Three contractions lasting at least 60 seconds within a 10-minute period
 - Challenge Test completed: Do not further increase **oxytocin** rate, notify Obstetrics (OBS) and refer to table on page 2 for interpretation and associated interventions.
 - Maximum dosage of 10 milliunits/minute reached
 - Notify OBS for further orders

ONGOING MONITORING/OXYTOCIN MANAGEMENT

During oxytocin administration:

- Heart rate, BP, and respiratory rate q30 min and perform ongoing maternal assessments, hourly or more frequently, as required dependent upon clinical situation
- *Fetal Health Surveillance:*
 - Continuous Electronic Fetal Monitoring (CEFM) as per *IWK Health Policy #7070 Intrapartum Fetal Health Surveillance*
 - If fetal heart rate (FHR) assessment is atypical or abnormal: Notify OBS and discontinue **oxytocin** challenge test
- Assess uterine activity for contraction frequency, intensity, resting tone, and patient's response
- If tachysystole (any of the below):
 - greater than or equal to 5 contractions in 10 minutes averaged over a 30-minute period
 - contractions lasting greater than 90 seconds
 - resting tone between contractions less than 30 seconds
 - uterus remains firm between contractions
 - Notify OBS to seek guidance regarding **oxytocin** dose rate and ongoing plan of care

Post-test monitoring

- Notify OBS when Challenge Test completed for interpretation of test results (see page 2)
- When Challenge Test discontinued, stop **oxytocin** infusion, continue primary IV infusion and CEFM until contractions subside

DATE (yyyy/MON/dd) Time (24hr/hh:mm) Prescriber Signature Printed Surname/Registration#

DATE (yyyy/MON/dd) Time (24hr/hh: mm) Verified By (Signature) Printed Surname



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Additional information and reminders for Prescribers and Health Centre Staff

SECONDARY INFUSION	
oxytocin 30 units in 500 mL or NaCl 0.9% Resulting solution = 60 milliunits/mL (mU/min) 1 milliunit/minute = 1 mL/hour	
Infusion Rate milliunits/minute	Infusion Rate mL/hour
2	2
4	4
6	6
8	8
10	10

INTERPRETATION OF OXYTOCIN CHALLENGE TEST Or Spontaneous Contraction Stress test		
Negative (normal test)	Positive (abnormal test)	Equivocal
<ul style="list-style-type: none"> ▪ No late or complicated variable decelerations present. ▪ Is associated with fetal well-being for up to one week after the test. 	<ul style="list-style-type: none"> ▪ Late decelerations occur more than 50% of the time of the induced contractions. ▪ This is associated with poor fetal outcome and therefore birth should be expedited. 	<ul style="list-style-type: none"> ▪ Suspicious: At least one late deceleration, but pattern not repetitive ▪ Tachysystole: Uterine contractions lasting at least 90 seconds or occurring more frequently than every 2 minutes accompanied by late decelerations. ▪ Unsatisfactory: desired number and length of contractions not achieved or poor-quality tracing.
INTERVENTIONS BASED ON FINDINGS		
<ul style="list-style-type: none"> ▪ OBS to assess patient for ONE of the following: <ul style="list-style-type: none"> ▪ plan for further fetal surveillance per maternal/fetal condition ▪ continuation of induction of labour with oxytocin ▪ discontinuation of oxytocin and need for cervical ripening 	<ul style="list-style-type: none"> ▪ Perform interventions for intrauterine resuscitation as per <i>IWK Policy #7070 Intrapartum Fetal Health Surveillance</i> ▪ Stop oxytocin infusion ▪ Discuss findings with patient and family ▪ Recommend urgent birth via Cesarean birth 	<ul style="list-style-type: none"> ▪ Perform interventions for intrauterine resuscitation as per <i>IWK Policy #7070 Intrapartum Fetal Health Surveillance</i> ▪ Notify OBS of findings to determine next steps ▪ Consider other methods of fetal surveillance