



# Oxytocin Infusion for Induction/Augmentation of Labor

## High Alert

Patient: \_\_\_\_\_

Alert Record Reviewed  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.

### GENERAL

- Refer to *Oxytocin for Induction/Augmentation of Labor* (IWK Policy #30.11)
- Complete the *Pre-use Oxytocin Safety Checklist* before initiating oxytocin infusion. Refer to IWK Policy #30.11

### BASELINE VITALS/MONITORING

- BP, heart rate, respiratory rate, temperature
- *Fetal Health Surveillance*: Electronic Fetal Monitoring (EFM) for a minimum of 20 min – refer to Intrapartum Fetal Health Surveillance Policy #7070

### FLUIDS

- Start primary intravenous 0.9% NaCl at 125 mL/hour or \_\_\_\_\_ mL/hour.
- When **oxytocin** started: adjust rate to maintain total IV intake at 125 mL/hour.

### MEDICATIONS

*Note*: For patients who undergo cervical ripening before initiating oxytocin: wait 30 minutes after removal of dinoprostone 10 mg insert (Cervidil®), 4 hrs after the final oral misoprostol dose. **Oxytocin** may be used concurrently with or after removal of foley balloon catheter.

- **oxytocin** 30 units in 500 mL NaCl 0.9% = 60 milliunits/mL; hence 1 milliunit/minute = 1 mL/hour  
*Choose ONE oxytocin protocol (refer to page 2 for indications for protocol selection):*
  - **Protocol A** (Low-rate protocol)
    - Initiate at 2 milliunits/minute (mU/min)
    - Increase by 2 milliunits/minute at 30-minute intervals until regular uterine activity is achieved
  - **Protocol B** (Expedited-rate protocol)
    - Initiate at 2 milliunits/minute (mU/min)
    - Increase by 4 milliunits/minute at 30-minute intervals until regular uterine activity is achieved
- For **oxytocin** dosage greater than 26 milliunits/minute Family Physicians or Midwives must consult Obstetrics
- **Usual maximum dosage**: 40 milliunits/minute

### OXYTOCIN RELATED VITALS/MONITORING

- BP, heart rate, respiratory rate q30 minutes
- *Fetal Health Surveillance*: Continuous EFM – refer to Intrapartum Fetal Health Surveillance Policy #7070
- Complete the In-Use **Oxytocin** Safety Checklist every 30 minutes while **oxytocin** is infusing. Refer to IWK Policy #30.11
- Monitor intake and output hourly

### LABOR ASSESSMENT

- Reassess labor progress as needed. Labor assessment is based on contraction frequency, intensity, resting tone, fetal heart rate, cervical change, and patient's response.

**MANAGEMENT OF TACHYSYSTOLE** (more than 5 uterine contractions in 10 minutes averaged over a 30-minute period OR contraction lasting greater than 90 seconds OR resting tone between contractions is less than 30 seconds OR the uterus remains firm or greater than 25 mmHg between contractions)

- Refer to IWK Policy #30.11 and **oxytocin** safety checklist
- If tachysystole AND:
  - **FHR atypical**: decrease oxytocin dose, initiate intrauterine resuscitation and notify MRP
  - **FHR abnormal**: decrease or stop **oxytocin** infusion, initiate intrauterine resuscitation and notify MRP
- **Restarting Oxytocin**:
  - If the FHR is normal (after minimum 15 minutes) and oxytocin has been discontinued for less than 30 minutes: restart the oxytocin infusion at half the rate/dose from the point of discontinuation and notify MRP that **oxytocin** has been restarted.
  - If the FHR is normal (after minimum 15 minutes) and **oxytocin** IV infusion has been discontinued for 30 minutes or more: notify the MRP for oxytocin orders.

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 \_\_\_\_\_

Note: Page 2 (Information for clinicians)

## Protocol Indications

<b>Protocol A (Low-rate protocol)</b>
<ul style="list-style-type: none"><li>▪ Trial of labor (TOL) after previous transverse lower segment cesarean birth</li><li>▪ Multiparous induction of labor with 3 or more previous spontaneous vaginal deliveries (SVD)</li><li>▪ Augmentation of labor</li><li>▪ Increased blood pressure</li><li>▪ Spontaneous rupture of membranes (SRM)</li><li>▪ Oligohydramnios</li><li>▪ Intrauterine growth restriction (IUGR)</li><li>▪ Abnormal Doppler studies</li></ul>
<b>Protocol B (Expedited-rate protocol)</b>
<ul style="list-style-type: none"><li>▪ Nulliparous induction of labor with no other risk factors</li><li>▪ Multiparous induction of labor with less than 3 previous SVDs</li><li>▪ BMI greater than or equal to 35 with no other risk factors</li></ul>