

Oxytocin

INDICATIONS:

1. Adjunct in abortion
2. Postpartum haemorrhage
3. Labour induction
4. Oxytocin challenge test for evaluating of foetal distress

SAFETY ALERT:

1. Adverse Drug Reactions:

Foetus or neonate: jaundice, arrhythmias, bradycardia; brain, CNS damage; seizure; retinal haemorrhage; low Apgar score

Mother: transient hypotension, reflex tachycardia, nasal irritation, rhinorrhoea, lacrimation (following nasal administration); uterine bleeding, violent contractions, hypertonicity; spasm; nausea, vomiting.

Maternal water intoxication (esp. with slow infusion over 24 hrs); prolonged uterine contractions causing foetal hypoxia and death, rupture of gravid uterus; afibrinogenaemia; subarachnoid haemorrhage

2. Drug interactions:

Possible severe HTN if given within 3-4 hrs of vasoconstrictor in association with a caudal block anaesthesia. Cyclopropane anaesthesia may increase risk of hypotension and maternal sinus bradycardia with abnormal AV rhythms. Dinoprostone and misoprostol may increase uterotonic effect of oxytocin, thus oxytocin should not be used within 6 hrs after administration of vaginal prostaglandins. Concurrent use may increase the vasopressor effect of sympathomimetics. Concomitant use with prostaglandins increases risk of uterine rupture and cervical lacerations.

3. Contraindications:

Cephalopelvic disproportion; abnormal presentation of the foetus; hydramnios, multiparae; previous caesarean section or other uterine surgery; hyperactive or hypertonic uterus, uterine rupture; contraindicated vaginal delivery (invasive cervical cancer, active genital herpes, prolapsed of the cord, cord presentation, total placenta previa or vasa previa); foetal distress where delivery is not imminent; severe pre-eclamptic toxemia.

4. Precautions:

CV disorders; >35 yrs; lactation. Monitor foetal and maternal heart rate, maternal BP and uterine motility. Monitor fluid intake & output during treatment. Discontinue immediately if the uterus is hypertonic or hyperactive or if there is foetal distress. Use of nasal spray may produce maternal dependence on its effects. IM administration not regularly used due to unpredictable effects of oxytocin. Not to be used for prolonged periods in resistant uterine inertia, severe pre-eclampsia, or severe CV disorders. Risk of water intoxication when used at high doses for prolonged periods.