

Use of Oxytocics For Delivery of the Placenta

What are oxytocics?

Oxytocics are drugs which:

- cause the uterus to contract (tighten)
- are routinely used in maternity hospitals for the delivery of the placenta.

Why are they used?

Research studies dating back to the 1960s:

- Shows that oxytocics reduce the risk of maternal haemorrhage (excessive bleeding) following birth and reduce the need for a postpartum blood transfusion.
- Recommends that all maternity hospitals offer women an oxytocic injection for the delivery of the placenta.¹

What is the policy at King Edward Memorial Hospital (KEMH)?

- KEMH has adopted the recommendations from these studies.
- Therefore, an intramuscular injection of an oxytocic is routinely given to women for the third stage of labour (after the baby has been delivered and before the delivery of the placenta).
- **Having this injection does not guarantee you will not have a postpartum haemorrhage but it does greatly reduce your risk.**
- You may decide not to receive an oxytocic for your third stage of labour. However, if later the need for one arises, a midwife or doctor will recommend this course of action to you.

Which form of oxytocin will I receive?

This decision depends upon your risk of a postpartum haemorrhage.

- **Syntocinon** - contains the drug oxytocin and is given if you are in the low risk group for a haemorrhage, have high blood pressure or cardiac disease.
- **Syntometrine** - contains both oxytocin and ergometrine maleate and is given if you are considered to be at high risk for a haemorrhage and your blood pressure is not elevated. The effect of Syntometrine on the uterus lasts longer than Syntocinon.

Who can I talk to about this?

- If you have any further queries, please speak with the doctor or midwife in the Antenatal Clinic or Family Birth Centre.

¹ Prendiville, WJ, Elbourne, D and McDonald, S. 2000. Active versus expectant management in the third stage of labour (Cochrane Review). In The Cochrane Library, Oxford: Update Software.

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