ROYAL HOSPITAL FOR WOMEN

Approved by
Clinical Performance & Quality Committee
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CLINICAL POLICIES, PROCEDURES & GUIDELINES

SYNTOCINON INDUCTION OR AUGMENTATION OF LABOUR GUIDELINE

1. OPTIMAL OUTCOMES

- Successful induction of labour using a syntocinon regime
- Successful augmentation of labour using a syntocinon regime

2. PATIENT

- Women requiring induction or augmentation of labour with syntocinon

3. STAFF

- Registered midwives
- Student midwives
- Medical officers

4. EQUIPMENT

- Normal saline
- Syntocinon 10 unit ampoule
- Giving set for infusion pump
- Infusion pump
- Cardiotocograph monitor (CTG)

5. CLINICAL PRACTICE

- Induction of labour
    - Induction with Syntocinon should not be started until 6 hours following administration of vaginal prostaglandins
    - Admit to Delivery Suite
    - Perform midwifery admission for labour
    - Notify appropriate medical staff of admission
    - Perform medical admission and prescribe syntocinon regime
    - Insert 16 gauge intravenous cannula
    - Collect and send appropriate blood
    - Perform vaginal examination and artificial rupture of membranes where appropriate

- Augmentation of labour
    - Consult and refer to appropriate medical staff for medical admission
    - Discuss with senior medical officer augmentation with Syntocinon for:
        - Women 7cm dilated or greater
        - Multiparous patients
        - Previous uterine surgery
        - Breech
        - Multiple pregnancy
    - Perform medical admission and prescribe syntocinon regime
    - Insert 16 gauge intravenous cannula
    - Collect and send appropriate blood
    - Perform vaginal examination and artificial rupture of membranes where appropriate

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SYNTOCINON INDUCTION OR AUGMENTATION OF LABOUR GUIDELINE cont'd

- Commence the recommended regimen as per table
- Increase the rate at intervals of 30 minutes
- Titrate the increase against uterine contractions aiming for a maximum of 3-4 contractions every 10 minutes
- Do not exceed 32 milliunits per minute
- Recommend continuous electronic fetal monitoring during labour

Standard dilution as follows:

Time after starting infusion in minutes	***Oxytocin Dose*** **(mU/min)**	**Volume infused (mls/hr)**
		DILUTION *10IU Oxytocin in 500mls Normal Saline*
0	1	3
30	2	6
60	4	12
90	8	24
120	12	36
150	16	48
180	20	60
210	24	72
240	28	84
270	32	96

- Decrease or discontinue syntocinon in cases of uterine hypercontractility
- Consider administration of 100 – 250 micrograms of salbutamol in cases of uterine hypercontractility associated with fetal heart rate abnormality

6. HAZARDS/SUB-OPTIMAL OUTCOMES

- Uterine hypercontractility
- Unsuccessful induction of labour
- Hyponatremia
- Uterine rupture
- Inadvertent administration of bolus syntocinon

7. DOCUMENTATION

- Partogram
- Integrated notes
- Fluid balance chart

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SYNTOCINON INDUCTION OR AUGMENTATION OF LABOUR GUIDELINE cont'd

8. EDUCATIONAL NOTES

- In women with intact membranes amniotomy should be performed where feasible prior to commencement of an infusion of oxytocin; an exception to this may be in the case of fetal death in utero
- To reduce error a standard dilution of Syntocinon should be used
- Adequate contractions are most likely to be established at 8-12 milliunits per minute
- In cases of suspected uterine hypercontractility with a suspicious or pathological FHR pattern secondary to oxytocin infusion, decrease or discontinue infusion
- Syntocinon should be stored in the fridge

9. RELATED POLICIES/ PROCEDURES

- First stage labour care
- Second stage labour care
- Artificial rupture of membranes
- Fetal heart rate monitoring – antenatal
- Fetal heart rate monitoring – intrapartum

10. REFERENCES

- National Institute for Clinical Excellence (2001) *Induction of labour clinical guideline D* available online @ www.nice.org.uk
- Royal College of Obstetricians and Gynaecologists (2001) *Induction of labour national* evidence based guideline available online @ www.rcog.org.uk