

Oxytocin to Start or Advance Labour: 5 Questions to Ask



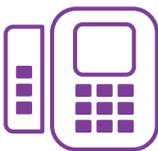
1. What is oxytocin?

- Oxytocin is a hormone that is produced naturally in pregnancy to make the uterus contract. When the uterus contracts, it is called labour.
- Oxytocin is also a medicine that is given during labour if the natural supply is not enough.



2. Why is it used and what are the benefits?

- To help start labour (induction), or
- To help advance labour (augmentation) when the time between contractions is too long, the length of contractions is too short, or contractions are too weak.
- Oxytocin helps the uterus contract. The contractions open the cervix and help your baby move down into the birth canal.
- Oxytocin should only be used when the benefits of delivery outweigh the risks of continuing the pregnancy.
- Benefits may include being able to have a vaginal birth and not requiring a Caesarean delivery (C-section).
- In Canada, 8 out of 10 patients who received oxytocin to start or advance labour gave birth vaginally.¹



3. Proper Use: How is it given?

- Oxytocin to start or advance labour is given intravenously using a pump to control the amount of medicine you receive.
- The medicine will start at a low dose and then will be increased gradually to get the right contraction pattern for you.
- In some cases, if the contractions are affecting the baby's heart rate or if the contractions are too close together, your health care provider may reduce or stop the oxytocin.



4. What are the risks?

- Risks to you and your baby can vary depending on your past or current health factors (e.g., heart condition, blood pressure).

Risks to the baby may include:	Risks to you may include:
<ul style="list-style-type: none"> • heart rate changes (e.g., slow heartbeat) due to overly strong or frequent contractions • shortage of oxygen due to overly strong or frequent contractions 	<ul style="list-style-type: none"> • increased labour pain • fast/irregular heart rate or changes in blood pressure • heavy bleeding or post-partum bleeding • strong contractions that are too long or too frequent • headache, nausea, vomiting • tear in the uterus requiring an emergency C-section (rare)
<p>Rarely oxytocin may cause serious or life-threatening harm to you or your baby, so it is important to have already discussed the risks and benefits of oxytocin use with your doctor or midwife before treatment is started.</p>	

- Other options may include waiting for labour to start, having a C-section, or using other medicines, each of which has its own benefits and risks—discuss with your doctor or midwife to determine what is best for you and your baby.



5. Monitor: What do I watch for?

- Your baby's heart rate and your contractions will be closely monitored using a fetal monitor.
- Your health care team will check on you often and watch over your labour closely.
- Your contractions, blood pressure, and heart rate will be checked regularly.
- You may need to have pain medicine to help you with the pain of labour. You will be provided with choices to manage your pain.
- Let your health care team know right away if you have:
 - sudden onset of severe abdominal pain
 - heavy bleeding from your vagina

For more information about induction of labour visit:
www.pregnancyinfo.ca/birth/labour/induction/

Questions and Notes

¹ Source: Discharge Abstract Database/Hospital Morbidity Database, 2019–2020, Canadian Institute for Health Information (CIHI).