This information was up to date at the time of release to the Heads of Midwifery.
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Updating arrangements for the formulary should be decided upon and implemented at a local level.

OXYTOCIN (Syntocinon®) - Third Stage

Legal status (GSL, P or POM on exemption list, or PGD)	▪ POM - Midwife Exemption - midwife may administer parenterally
Patient group	Women requiring or opting for active management of third stage of labour.
Clinical indication	The active management of the third stage of labour with informed consent not at high risk of post partum haemorrhages (PPH). If high risk of PPH refer to doctor.
Pharmacology (Onset and duration of action where appropriate)	Oxytocin is released by the posterior lobe of the pituitary gland and stimulates the smooth muscle of the uterus causing rhythmic contractions. In high doses such as used for the management of third stage or postpartum haemorrhage it causes sustained uterine contraction. Relaxation of vascular smooth muscle causing brief hypotension, flushing and reflex tachycardia can occur after rapid iv bolus injection. Onset of action: 2-3 minutes after IM injection. The plasma half-life is approximately 3 to 20 minutes.
Pharmaceutical form, strength, route of administration	Oxytocin 10 units in 1ml injection (Syntocinon®). For intramuscular injection (off label) usually in the upper thigh.
Dose, frequency and maximum number of doses or period of time of supply	A single dose of 10 units by IM injection in accordance with local guidelines.
Writing of medicines by midwives: example	**Write single dose on the "once only" section of the Medicine Chart** **Inpatient** **Medicine (Approved Name):** OXYTOCIN **Dose:** 10 units **Route:** IM **Notes:** Write in once only section **SIGN and PRINT NAME followed by (MW)**
Contra-indications/exclusion criteria	▪ Known hypersensitivity to any component of the medicine. ▪ IM administration in first or second stage of labour.
Cautions and action that will be taken if a caution applies	▪ Breech presentation – not to be administered until after delivery of the baby. ▪ Multiple births – not to be given until after delivery of the last baby. ▪ Risk of disseminated intravascular coagulation in women 35 years or over, complications during pregnancy and gestational age more than 40 weeks. ▪ Patients who have a pre-disposition to myocardial ischaemia due to pre-existing cardiovascular disease (such as hypertrophic cardiomyopathy, valvular heart disease and/or ischaemic heart disease including coronary artery vasospasm), to avoid significant changes in blood pressure and heart rate in these patients. ▪ Patients with known 'long QT syndrome' or related conditions or taking drugs that are known to prolong the QTc interval. ▪ Severe renal failure. ▪ Check for and document any allergies. ▪ If a caution applies consult with a doctor. ▪ Document consultation in woman's maternity record.

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Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ **Inhalation anaesthetics**(such as cyclopropane or halothane):can enhance its hypotensive effect and reduce oxytocic action and may cause cardiac arrrhythmias ▪ **Prostaglandins and analogues** (such as dinoprostone and carboprost): uterotonic effect can be potentiated. If used in sequence, monitor uterine activity carefully ▪ **Vasocontrictors/Sympathomietics** (such as ephedrine and phenylephrine, used in caudal anaesthesia): risk hypertension ▪ **Drugs prolonging QT interval** (such as amitriptyline, clarithromycin, citalopram, clomipramine, chlorpromazine, ciprofloxacin, domperidone, erythromycin, escitalopram, fluconazole, fluoxetine, hydroxychloroquine, imipramine, lithium, methadone, ondansetron, promethazine, prochlorperazine quetiapine, sertraline, venlafaxine): greater risk of arrhythmias. ▪ **Medicines that are unlikely to be used during pregnancy and in the immediate postnatal period**: amiodarone, amisulpride, anagrelide, apomorphine, aripiprazole, artemether, asenapine, atomoxetine, azithromycin, benperidol, buserelin, chloroquine, clozapine, clofazimine, disopyramide, doxepin, dosulepin, droperidol, desipramine, delamanid, foscarnet, fluvoxamine, fluphenazine, flupentixol, fingolimod, dronedarone, granisetron, goserelin, haloperidol, hydroxyzine, ivabradine, levomepromazine, leuprorelin, lofexidine, lofepramine, lurasidone, mefloquine, levofloxacin, mizolastine, moxifloxacin, norfloxacin, nortriptyline, ofloxacin, olanzapine, pasireotide, perphenazine, pericyazine, pentamidine, paliperidone, palonosetron, pimozide, procainamide, risperidone, promazine, quinine, quinidine, sildenafil, saquinavir, solifenacin, sotalol, spiramycin, sulpiride, tacrolimus, tetrabenazine, tolterodine, trazodone, trifluoperazine, trimipramine, triptorelin, terlipressin, voriconazole, thioridazine, voriconazole, zuclopenthixol ▪ If there is a medicine interaction, consult an authorised prescriber or doctor and pharmacist before administration. ▪ Document consultation in woman's maternity record. ▪ Refer to current BNF for latest information on interactions.

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Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected	▪ **on labour** N/A ▪ **on neonate** accidental administration can be fatal ▪ **on breast feeding** Nil ▪ **Gastrointestinal:** nausea and vomiting ▪ **CNS:** headache ▪ **Immune system disorders**: anaphylactoid/anaphylactic reaction associated with dyspnoea, hypotension or shock ▪ **Cardiovascular:** tachycardia or bradycardia, cardiac arrhythmias, myocardial ischaemia, haemorrhage, rapid IV administration may lead to acute hypotension, myocardial ischaemia, electrocardiogram QTc prolongation ▪ **Haematological:** disseminated intravascular coagulation in women 35 years of age or over with complications during pregnancy and gestational age more than 40 weeks. ▪ **Respiratory**: acute pulmonary oedema. ▪ **Skin:** rashes, flushing, angioedema *Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at*: http://www.mhra.gov.uk/yellowcard
Overdose	▪ In addition to symptoms in the adverse reactions section, as a result of uterine hyper-stimulation, placental abruption and/or amniotic fluid embolism have occurred. ▪ Follow local guideline for dealing with these emergencies.
Action if patient declines	▪ Refer to doctor if active management is advisable on medical grounds. ▪ Document in woman's maternity record
Additional advice and information	▪ Inform woman that this is an unlicensed but well accepted indication and verbal consent should be obtained. ▪ Supply manufacturer's patient information leaflet if requested.
Patient monitoring arrangements during and after treatment and follow-up required	Contact obstetrician if placenta has not been expelled within the time specified in local guideline.
Particular storage information	Store in refrigerator at 2 - 8°C. May be stored at 30°C for up to 3 months (Mark revised expiry on box).

References

1. Summary of Product Characteristics Syntocinon (Mylan) text revision 6.6.2019. Accessed 17.12.2019 http://www.medicines.org
2. http://www.bnf.org/