# AUGMENTATION OF LABOUR USING OXYTOCIN

## OVERVIEW

**In multigravida**

- Infuse oxytocin 2.5IU in 500 mL of normal saline at 10 drops per minute. This is approximately 2.5 millilUnits per minute.
- Increase the infusion rate by 10 drops per minute every 30 minutes until a good contraction pattern is established (contractions lasting more than 40 seconds and occurring three times in 10 minutes).
- Maintain this rate until delivery is completed.
- If **hyperstimulation occurs** (any contraction lasts longer than 60 seconds), or if there are more than four contractions in 10 minutes, stop the infusion and relax the uterus using tocolytics:
  - IV MgSO4 4g of 20% solution give slowly over 10-15 minutes
  - Salbutamol 10 mg in 1 L IV fluids (normal saline or Ringer's lactate) at 10 drops per minute.
- If you fail to achieve **three contractions in 10 minutes**, each lasting more than 40 seconds with the infusion rate at **60 drops per minute**:
  - Increase the oxytocin concentration to 5IU in 500 ml of normal saline and adjust the infusion rate to 30 drops per minute
  - Increase the infusion rate by 10 drops per minute every 30 minutes until a satisfactory contraction pattern is established or the maximum rate of 60 drops per minute is reached.

**In primigravida**

- Infuse oxytocin at a higher concentration up to 10IU in 500 ml of normal saline at 30 drops per minute

- Increase infusion rate by 10 drops per minute every 30 minutes until good contractions are established;
- If **good contractions are not established at 60 drops per minute**, this is failed augmentation. Deliver by caesarean section.

  **NOTE**: The frequency, strength and duration of contraction and fetal heart rate must be monitored on the Labor care form throughout the augmentation.

  **When to stop Augmentation:**
- Uterine hyperactivity
- When foetal distress is diagnosed
- No good contractions (3 to 4 contractions lasting more than 40 seconds in 10 minutes) at 60 drops per minute