

Oxytocin to Start or Advance Labour: 5 Questions to Ask (Patient Survey)

Tell us what you think! Your feedback is important to us.

The Oxytocin to Start or Advance Labour: 5 Questions to Ask patient handout was developed by a pan-Canadian Advisory Group* of patient/family advisors, clinicians, and other experts. The information provided is about the use of oxytocin to help start and/or advance labour.

It is designed for health care providers to share with you after they have talked with you about your potential need for this medication as well as the benefits and risks.

Your feedback will help to determine if this handout is helpful to patients and if any changes are needed. Your responses are confidential.

You can contact ISMP Canada at alice.watt@ismpcanada.ca with any questions or concerns. Completion of the survey is optional and does not affect the care you will receive.

*Funding for this initiative was provided by the Canadian Medication Safety Coalition.

Thank you for taking the time to answer this survey after you have read this handout.

Oxytocin to Start or Advance Labour: 5 Questions to Ask

Oxytocin to Start or Advance Labour: 5 Questions to Ask



1. What is oxytocin?

- Oxytocin is a hormone that is produced naturally during labour to make the uterus contract. It is commonly given during labour if the natural supply is not enough.
- Oxytocin should only be used when the benefits of delivery outweigh the risks of continuing the pregnancy.



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 which opens the cervix and helps the baby move down into the birth canal.
- Benefits may include being able to have a vaginal delivery and not requiring a Cesarean section (C-section).
- Did you know? 8 out of 10 patients who received oxytocin for induction or augmentation gave birth vaginally.¹



3. What are the risks?

- Risks to you and your baby can vary depending on your risk factors.

Risks to the baby may include:	Risks to you may include:
<ul style="list-style-type: none"> heart rate changes (e.g., slow heartbeat) shortage of oxygen 	<ul style="list-style-type: none"> increased labour pain fast/irregular heart rate or changes in blood pressure heavy bleeding or post-partum bleeding severe contractions that are too long or too frequent tear in the uterus requiring an emergency C-section headache, nausea, vomiting
<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, C-section, or using other medicines, which each have their own benefits and risks - discuss with your doctor or midwife.



4. Proper Use: How is it given?

- Oxytocin for induction or augmentation is given intravenously using a pump.
- 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.



5. Monitor: What do I watch for?

- Your baby's heart rate will be closely monitored using a fetal monitor.
- Your health care provider 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 nurse, midwife or doctor 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 (excluding Quebec), 2019–2020, Canadian Institute for Health Information.



This handout is provided as part of a quality improvement project.
Tell us what you think! Scan the QR code or access the link below.
www.surveymonkey.com/r/Oxytocin5Qs



1. Is this handout useful?

- Yes
- No
- Comments

* 2. Please rate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
I feel the handout is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned something new about oxytocin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like this handout helped me talk to my health care provider about oxytocin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. When was this handout provided to you?

- Pre-hospital
- In Hospital

*** 4. In what province or territory do you live?**

5. We welcome any additional comments or feedback!

Any questions? Please contact alice.watt@ismpcanada.ca

