Oxytocin Administration for Induction/Augmentation of Labor

A. EFFECTIVE DATE :	April 20, 2021
B. PURPOSE :	1. To standardize the administration and management of oxytocin in patients undergoing an induction/augmentation of labor.
C. POLICY:	1. A practitioner order is required prior to administration of oxytocin. 2. Continuation of oxytocin infusion exceeding 20 milliunits/min requires an updated practitioner order. 3. Oxytocin dose may not exceed 20 milliunits/min for patients undergoing induction or augmentation for a trial of labor after cesarean (TOLAC).
D. SCOPE :	Labor & Delivery Unit
E. DEFINITIONS	Tachysystole: Greater than 5 contractions in a 10 minute window, averaged over 30 minutes. Adequate Labor Pattern: Three to four contractions in a 10-minute window that are moderate to strong on palpation with cervical change.
F. MATERIALS NEEDED:	Smart Infusion Pump
G. PROCEDURE :	The RN will: 1. Verify and confirm the practitioner's order. 2. Piggyback oxytocin infusion to main IV line as close to the venipuncture site as possible. 3. Insert the primed tubing into the IV infusion pump and program the infusion as ordered. a. Trace tubing from patient to point of origin and label the tubing at the connection site closest to patient and at the source. 4. Maintain continuous electronic fetal monitoring (EFM). a. Assess the fetal heart rate (FHR), contractions, and uterine resting tone every 15 minutes and each time the oxytocin dose or rate is increased, decreased or discontinued. b. Assess FHR, contractions, and uterine resting tone every 5 minutes during the second stage of labor. 5. If tachystole is present, perform interventions depending on the tracing category as outlined in "Algorithm for the Management

of Tachystole" (pg. 4.)**f risk factors are present**, the fetal heart rate tracing should be evaluated at least every 15 minutes during the active phase of the first stage of labor. During the second stage of labor the fetal heart tracing should be evaluated at least every 5 minutes.

6. Monitor the progress of labor on the basis of sterile vaginal examination findings and contraction patterns.
7. Titrate the oxytocin as ordered to achieve an adequate labor pattern. Once active labor is established, oxytocin infusion rates may be reduced or discontinued per provider order.

The RN will Document:

1. The start, stop and titration of the oxytocin infusion in milliunits per minute.
2. Education provided regarding oxytocin purpose and possible side effects.
3. FHR and contraction pattern using NICHD terminology, the presence of any unexpected outcomes and related interventions (Table 1 pg. 3).

H. RELATED DOCUMENTS	Oxytocin (Maternal-Newborn)
I. STAKEHOLDER APPROVALS :	On File
J. APPROVED BY:	

1. Andrew Agwunobi, MD (Signed) — 05/04/2021 Date
   Andrew Agwunobi, MD, MBA
   UConn Health Chief Executive Officer

2. Anne Horbatuck (Signed) — 05/04/2021 Date
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed) — 05/03/2021 Date
   Scott Allen, MD
   Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) — 04/30/2021 Date
   Caryl Ryan, MS, BSN, RN
   VP Quality and Patient Service & Chief Nursing Officer

K. REVISION HISTORY:	Date Issued: 2/06 Date Revised: 3/11, 5/11, 12/11, 12/12, 2/15 5/17, 4/21 Date Reviewed: n/a

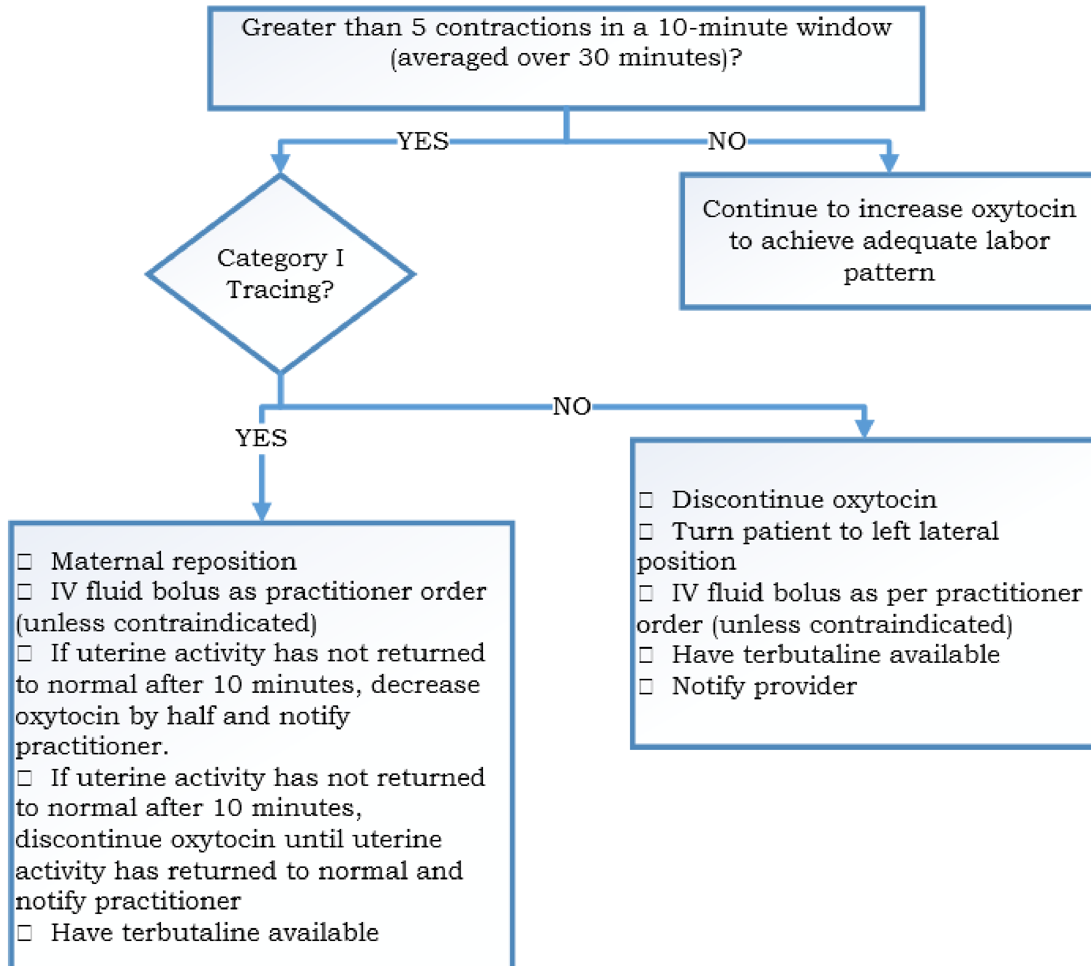
Table 1: Minimum assessment and documentation of Fetal Status during Labor When Using Oxytocin

	First Stage of Labor	Second Stage of Labor
Assessment with oxytocin: FHR pattern, including baseline rate and variability accelerations, decelerations, and Contraction pattern, including frequency, intensity, duration, resting tone.	Every 15 minutes	Every 5 minutes
Documentation with oxytocin: FHR pattern, including baseline rate and variability accelerations, decelerations, and Contraction pattern, including frequency, intensity, duration, resting tone.	Every 30 minutes	Every 15 minutes

Note.

1. Frequency of assessment should always take into consideration maternal-fetal condition and at times will need to occur more often based on maternal-fetal clinical needs (e.g., when there is a temporary or on-going change in maternal or fetal status.

Algorithm for the Management of Tachysytole


Greater than 5 contractions in a 10-minute window (averaged over 30 minutes)?
YES
NO
Continue to increase oxytocin to achieve adequate labor pattern
Category I Tracing?
YES
NO
Maternal reposition
IV fluid bolus as practitioner order (unless contraindicated)
If uterine activity has not returned to normal after 10 minutes, decrease oxytocin by half and notify practitioner.
If uterine activity has not returned to normal after 10 minutes, discontinue oxytocin until uterine activity has returned to normal and notify practitioner
Have terbutaline available
Discontinue oxytocin
Turn patient to left lateral position
IV fluid bolus as per practitioner order (unless contraindicated)
Have terbutaline available
Notify provider