

Medication: Oxytocin	PDN: 6969.06	Last Updated: August 21 2025	PMD: Andrew Travers*	PDC: Chloe Koen Butt*	Page 1 of 1
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OXYTOCIN (Syntocinon)

1.0 Classification

- Hormone
- Uterotonic

2.0 Mechanism of Action

- Oxytocin is a naturally occurring hormone that causes uterine contraction to induce labour, encourage placental delivery, and reduce the risk of/controls postpartum hemorrhage.

3.0 Indications

- Delivery
- Postpartum hemorrhage with more than 500 mL of blood loss or signs of hypovolemia (for oxytocin infusion)

4.0 Contraindications

- None

5.0 Precautions

- Do not mix oxytocin with any other drug
- Oxytocin is not given prior to the delivery of the baby

6.0 Route

- May be given IM or IV

7.0 Dosage

- **After EVERY delivery:** 10 U (1 mL) IM once (no repeat dose). Administered **after** the delivery of every baby and **before** delivery of the placenta.
- **After placenta delivered AND if post-partum hemorrhage (greater than 500 mL blood loss or signs of hypovolemia):** In addition to the above IM dose, 30 U (3 mL) IV in 500 mL normal saline at 125 mL/hr (approximately 21 gtt/min with 10 gtt/mL set).

8.0 Supplied

- 10 U in 1 mL vial

9.0 May Be Given By

- PCP with additional approved activities/ACP/CCP

10.0 Adverse Effects

- Decrease or increase in blood pressure
- Increased heart rate
- Arrhythmia
- Anxiety
- Seizure
- Dyspnea
- Severe uterine contractions (rupture)

11.0 Special Notes

- If persistent/severe postpartum haemorrhage WITH a retained placenta, contact the MCCP before starting the infusion.
- If primary post-partum hemorrhage unresponsive to oxytocin, consult the MCCP for TXA administration.
- Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

12.0 References

- Obstetrical Emergencies Clinical Practice Guidelines
- Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed

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