What happens when I am given oxytocin?

- You will be attached to a continuous electronic fetal monitor (EFM) which constantly checks your contractions and your baby's heart rate. The monitor may be removed for a few minutes if you and your baby are okay and the oxytocin rate is not going up or down.
- You will receive oxytocin through an intravenous (IV). It will begin with a low dose and will gradually be increased until your contractions are strong and close together.
- Your HCP may also break your water to help speed up your labour.
- You will receive close care by a nurse or midwife.
- You will have regular vaginal exams to check if your cervix is opening well.
- Some women experience more pain when given oxytocin. If this happens, your HCP will support you and help you decide on a pain relief method that is best for you and your baby, based on your preferences.



Some questions I have for my HCP:

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Due date:			
Date of po			
Who to cal			



Phone #:

Where to go:

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Oxytocin: To Help Start or Speed Up Your Labour





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Helping you make the right decision with your HCP

For most women, labour begins on its own; but for some, it may be (medically) necessary to have an **induction** (to help start labour) or **augmentation** (to speed up labour). Your health care provider (HCP) may recommend different options for this. One of the ways this can be done is with a medication called oxytocin. It is important to have all the information you need to make the best decision for you and your baby.

Oxytocin: What you need to know

Oxytocin is a hormone that is produced naturally. It helps your uterus to contract enough for labour. Contractions are needed to open the lower part of your uterus (called the "cervix"). Your cervix has to open fully for you to give birth vaginally.

If stronger contractions are needed to make your birth come more quickly, your HCP may recommend a medication which is similar to the natural hormone you would produce. It is given by intravenous (IV), which is a small tube placed into your arm to give you fluid. The tube will be attached to a pump and it will measure the fluid and medication you will receive.

How would I benefit from an induction with oxytocin?

An induction is recommended when a health problem makes continuing pregnancy more risky. Giving oxytocin is one of several ways that your HCP may offer you to make your labour come quicker.

Reasons related to your pregnancy:

- You have gone more than a week or two past your due date.
- Your baby is not growing well or baby movements have slowed down
- Your water has broken before labour has started
- You have an infection
- You have a medical illness like high blood pressure, diabetes, kidney disease or heart problems.
- You have a problem with your placenta.

Labour is usually induced for valid medical reasons. There may be other reasons why you are offered an induction with oxytocin.

Please speak with your HCP to understand your specific needs and discuss your treatment plan.

How would I benefit from an augmentation with oxytocin?

If your labour slows down, oxytocin is sometimes used to help increase your contractions so they are stronger and closer together, resulting in your cervix opening.

What are the risks of IV oxytocin?

For safety, an induction or augmentation with oxytocin needs to happen in a hospital setting. Your HCP will begin with a low dose of oxytocin and will monitor you and your baby closely. Some women need more time with oxytocin than others. Decisions about your care will be based on how your body reacts to the oxytocin.

Some of the risks include:

- Your uterus contracts too frequently or there may be unexpected changes in the baby's heart rate. If this happens, the oxytocin may be reduced or stopped to ensure that you and your baby are safe. If you and your baby are okay, the oxytocin could be restarted at a later time.
- If your body doesn't respond to oxytocin as expected, or if you or your baby show concerning signs, your HCP might recommend a caesarean birth.