Provincial Council for Maternal and Child Health
building a brighter future

Pre-Use Oxytocin Safety Checklist[1]

If the following checklist cannot be completed, oxytocin should not be initiated.

- ☐ Current history, physical, and perinatal record in the chart.[2]
- ☐ Indication for induction or augmentation with oxytocin is documented in the patient's health record.
- ☐ Patient demonstrates understanding of benefits and risks associated with oxytocin administration and verbal consent is received and documented by MRP in patient's chart.
- ☐ Patient has no contraindication for vaginal delivery.
- ☐ Unit acuity has been assessed and physician, and/or other health care team members are aware of the induction/augmentation and are readily available in the event of an emergency.
- ☐ Cervical status is assessed and documented.
- ☐ Fetal presentation is assessed and documented.
- ☐ Appropriate fetal health surveillance (FHS) assessment has been performed. The fetal heart rate (FHR) pattern is normal, and has been documented (prior to induction, a normal 20-minute Non-Stress Test (NST); or prior to augmentation, a normal FHR has been observed on electronic fetal monitoring (EFM)).
- ☐ Order signed and in chart.

Notes:

1. Low-Risk Pregnant Patients: This checklist was developed to support the safe management of pregnant patients whose labour is induced or augmented with oxytocin and focuses on low-risk patients with a singleton, cephalic, term pregnancy. It may also be applicable to patients outside of this definition.
2. This may be delayed for non-elective admissions. Hospitals should obtain the patient's Ontario Perinatal Record 1 and 2; however, in the event it is not available, the physician/midwife should perform a thorough assessment of the patient (including collecting past clinical history and Bishop score) to determine eligibility for oxytocin.

This checklist represents a guideline for care: however, individualized medical care is directed by the primary care provider.

Source: Adapted from the HCA Healthcare Perinatal Safety Initiative, Pre-Oxytocin Checklist, 2009.

In-Use Oxytocin Safety Checklist[1]

This checklist should be successfully completed every 30 minutes (+/- 5min) while oxytocin is in use.

If this checklist cannot be completed, oxytocin must be decreased or stopped[2].

☐ **Continuous Electronic Fetal Monitoring (EFM) Assessment shows:**

- Normal EFM tracing for each of the 2, 15-minute (+/- 5 minutes) segments of FHS in the last 30 minutes (i.e. baseline within normal range, moderate variability. No or non-repetitive uncomplicated decelerations).
- No more than 1, 15-minute segment where the EFM is Atypical.
- No more than 1 late deceleration occurred within the previous 30 minutes.
- No more than 2 complicated variable decelerations within the previous 30 minutes.

☐ **Uterine Contractions**

- No more than 5 contractions in a 10-minute window, averaged over 30 minutes.
- No contraction with a duration greater than 90 seconds.
- Uterus palpates soft between contractions for a minimum of 30 seconds.
- If an intrauterine pressure catheter (IUPC) is in place, measured uterine resting tone is less than 25 mm Hg for at least 30 seconds between each contraction.

Notes:

1. This checklist was developed to support the safe management of pregnant patients whose labour is induced or augmented with oxytocin and focuses on low-risk patients with a singleton, cephalic, term pregnancy. It may also be applicable to patients outside of this definition.
2. This checklist represents a guideline for care: however, individualized medical care is directed by the primary care provider. If oxytocin is stopped, the pre-oxytocin checklist should be reviewed before oxytocin is restarted.

Source: Adapted from the HCA Healthcare Perinatal Safety Initiative, Oxytocin “In Use” Checklist, 2009

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