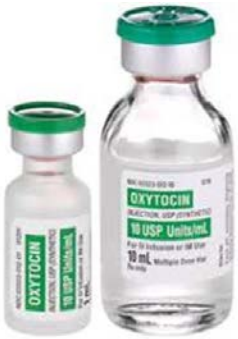
OBSTETRICS & GYNAECOLOGY
DRUGS RAID

Syntocinon

This is a synthetic version of the naturally-occurring hormone oxytocin. Oxytocin is normally released by the posterior pituitary gland towards the end of pregnancy causing the smooth muscle of the uterus to contract. Syntocinon elicits rhythmic contractions in the upper segment of the uterus, similar in frequency, force and duration to those observed during labour.

Use
- Uterine atony
- Active management of third stage of labour - period of time from the birth of a baby to expulsion of the placenta and membranes
- Postpartum haemorrhage

Dose
10 IU IV (slow) or IM



Side effects
- Anaphylaxis
- Headache
- Hypotension
- Flushing
- Tachycardia
- Bradycardia
- Arrhythmia
- Nausea & vomiting

Ergometrine

This acts on receptors found in the walls of the blood vessels and in the uterus to cause blood vessels to constrict and the uterus to contract. Both of these actions reduce blood flow to the uterus, therefore helping to reduce blood loss as the placenta detaches from the uterine wall.

Use
- Postpartum haemorrhage
- Active management of third stage of labour

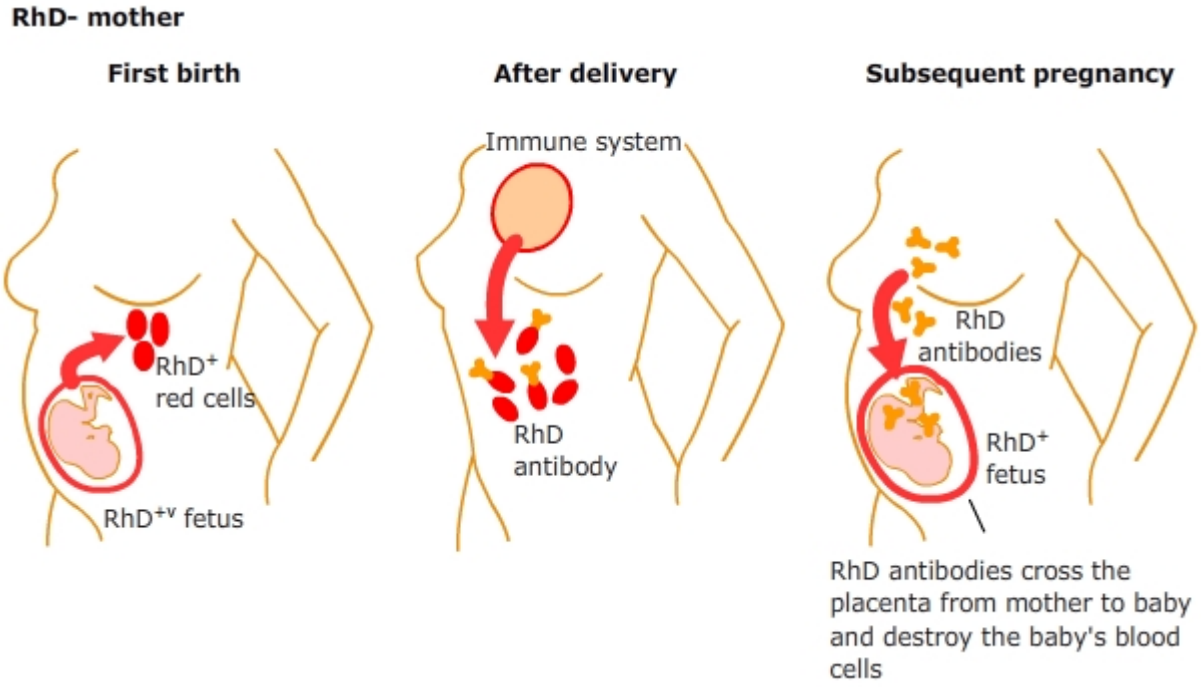
Contraindications
- Severe kidney disease
- Severe liver disease
- Severe heart disease
- Vascular disease
- Severe hypertension
- Sepsis

Dose
0.5mg IM

Side effects
- Headache
- Abdominal pain
- Nausea & vomiting
- Palpitations
- Peripheral vasoconstriction
- Arrhythmias
- Bradycardia
- Chest pain
- Breathlessness
- Hypertension

Anti-D Immunoglobulin

A Rhesus D negative mother exposed to the blood of a rhesus D positive foetus may develop anti-D antibodies. These are not usually a problem in the initial pregnancy, but there may be an issue with them crossing the placenta in a subsequent pregnancy. The anti-D antibodies attack and destroy the RBCs of the foetus causing haemolytic disease of the newborn.



When is it required?

Prophylactic anti-D immunoglobulin should be given in the following sensitising events:

- Closed abdominal injury
- Antepartum haemorrhage
- Intrauterine death
- Invasive prenatal investigations – amniocentesis, chorionic villus sampling
- Ectopic pregnancy
- Spontaneous miscarriage >12/40 (or <12/40 if intervention required to evacuate the uterus)
- Threatened miscarriage > 12/40 (or<12/40 if heavy or repeated bleeding or associated with abdominal pains)
- Therapeutic termination

Given IM & ASAP after the sensitising episode. Must be given **within 72 hours**.

How?

Anti-D immunoglobulin can be arranged via EPAS or blood bank from ED.

Doses

250 IU <= 20/40 gestation
500 IU >20/40 gestation