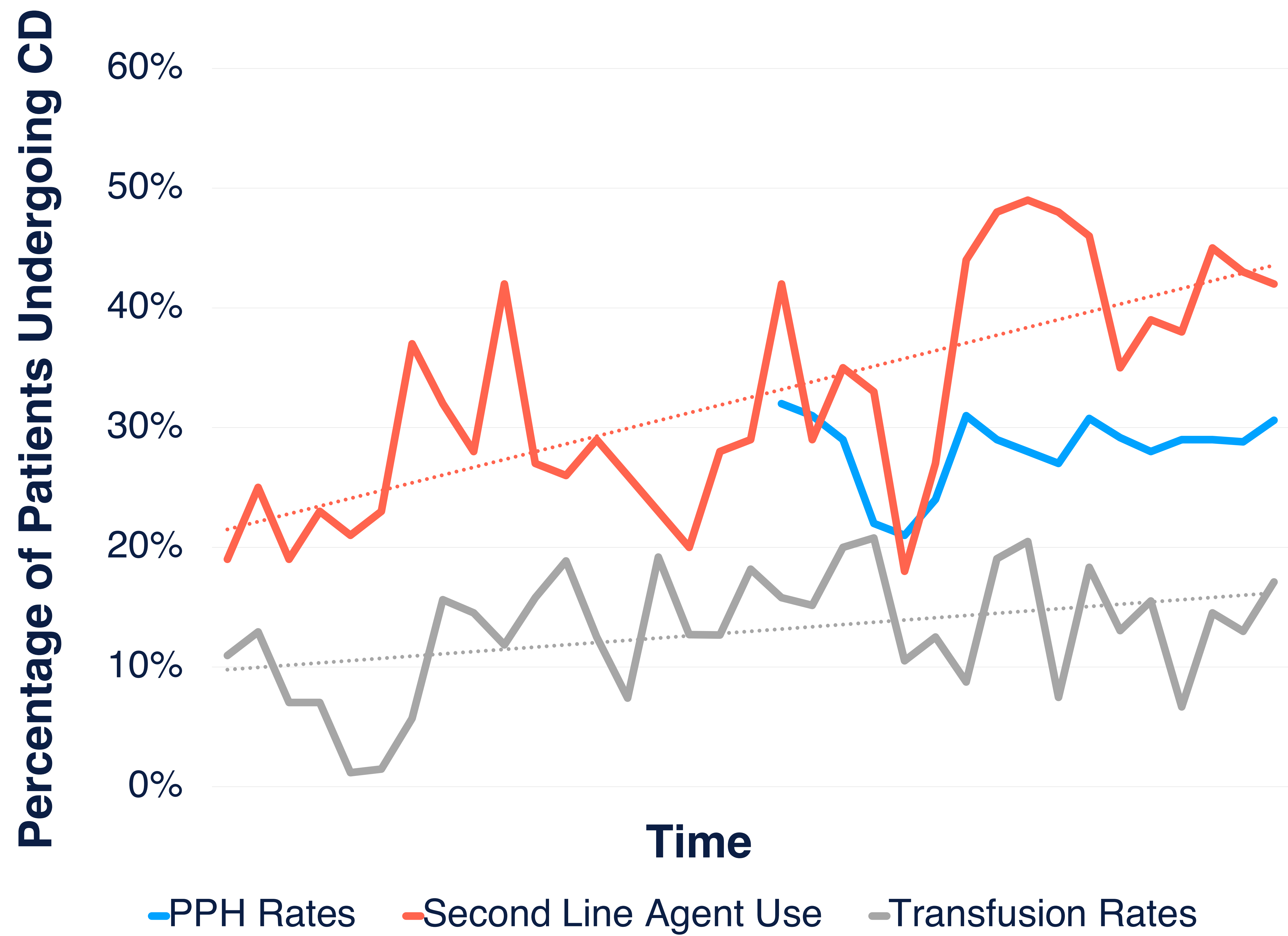


Evidence-Based Oxytocin Use for Cesarean Delivery: A Quality Improvement Project

Elliott Callahan MD, Stacy Young MD, Melissa Rosenstein MD, MAS, Meghan Duck RNC-OB, MS, CNS, Stephanie Lim MD, Ronald B. George MD, FRCPC



Background

- ◉ Our institution has a high burden of post-cesarean postpartum hemorrhage (PC-PPH)
- ◉ Oxytocin is first line prophylaxis¹
- ◉ Focus: optimize oxytocin use
- ◉ Heesen et al. 2019: *International Consensus Statement on the Use of Uterotonic Agents During Cesarean Section*²

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Plan:

- Literature review
- Multidisciplinary collaboration

Do:

- Implement Protocol



Act:

- Implement changes

Study:

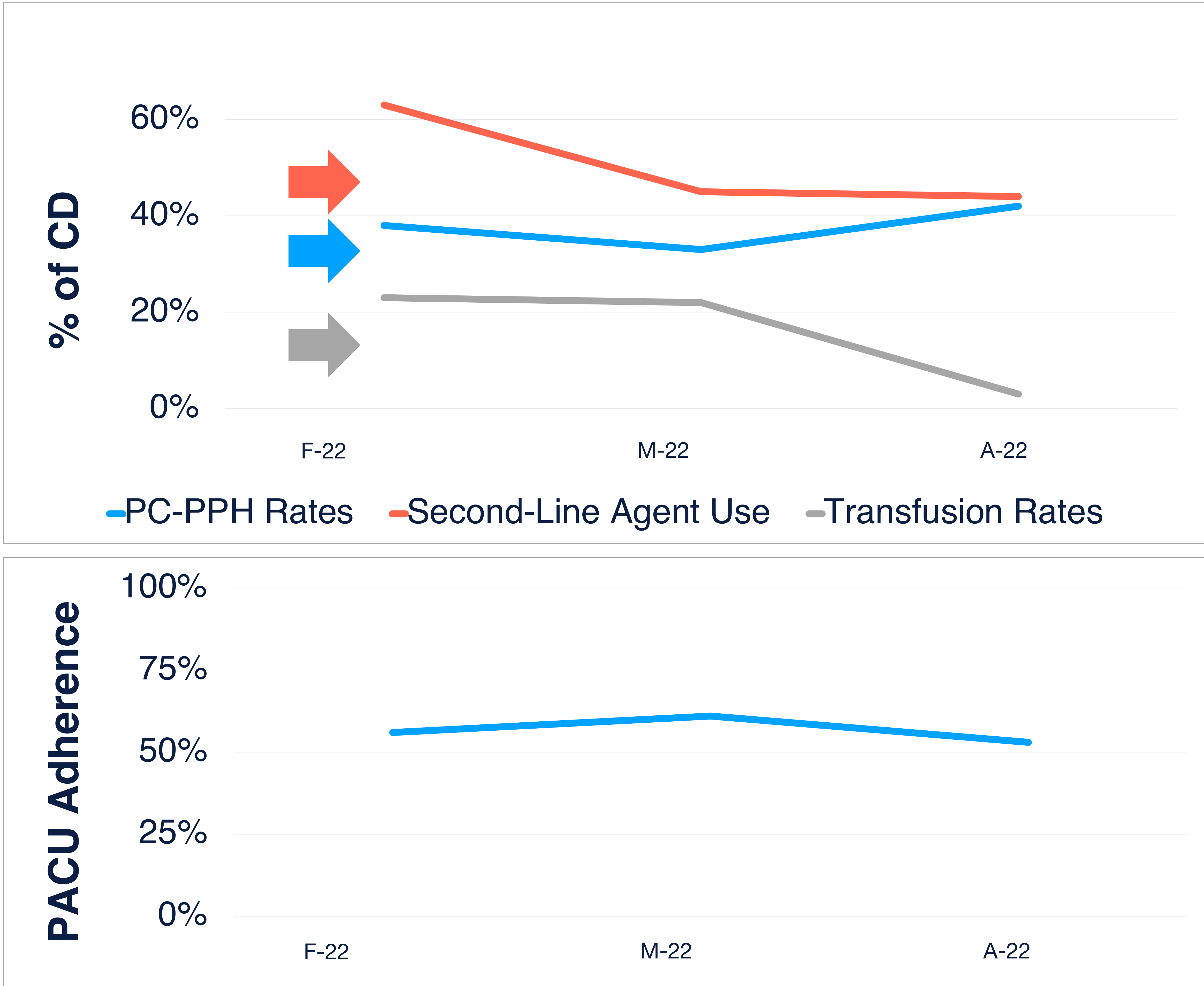
- In-hospital transfusion rates

Methods

- ◉ PDSA cycle
- ◉ Protocol:
 - Controlled infusion oxytocin
 - 3 Units (U) “wide open” over 3 minutes, then
 - 15 U/hour for duration of case
 - 15 U/hour continued in PACU for 2 hours (30 U)
 - Total expected Oxytocin dose ≥ 40 U over ≈ 3 hours

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Results

- ◉ No major reduction of in-hospital transfusion rates
- ◉ Secondary
 - PACU Compliance 56→61→53%
 - PC-PPH: 29%→38%*
 - Second-line uterotonics decreased

Future Directions

- ◉ Adherence
- ◉ Further study

References

1. California Maternal Quality Care Collaborative. (2015). OB hemorrhage toolkit version 2.0. <https://www.cmqcc.org/resources-toolkits/toolkits/ob-hemorrhage-toolkit>
2. Heesen, M., Carvalho, B., Carvalho, J., Duvekot, J. J., Dyer, R. A., Lucas, D. N., McDonnell, N., Orbach-Zinger, S., & Kinsella, S. M. (2019). International consensus statement on the use of uterotonic agents during caesarean section. *Anaesthesia*, 74(10), 1305–1319. <https://doi.org/10.1111/anae.14757>