Uterotonic Practices During Cesarean Delivery – A Survey of the Society for Obstetric Anesthesia and Perinatology (SOAP) Centers of Excellence (COE)

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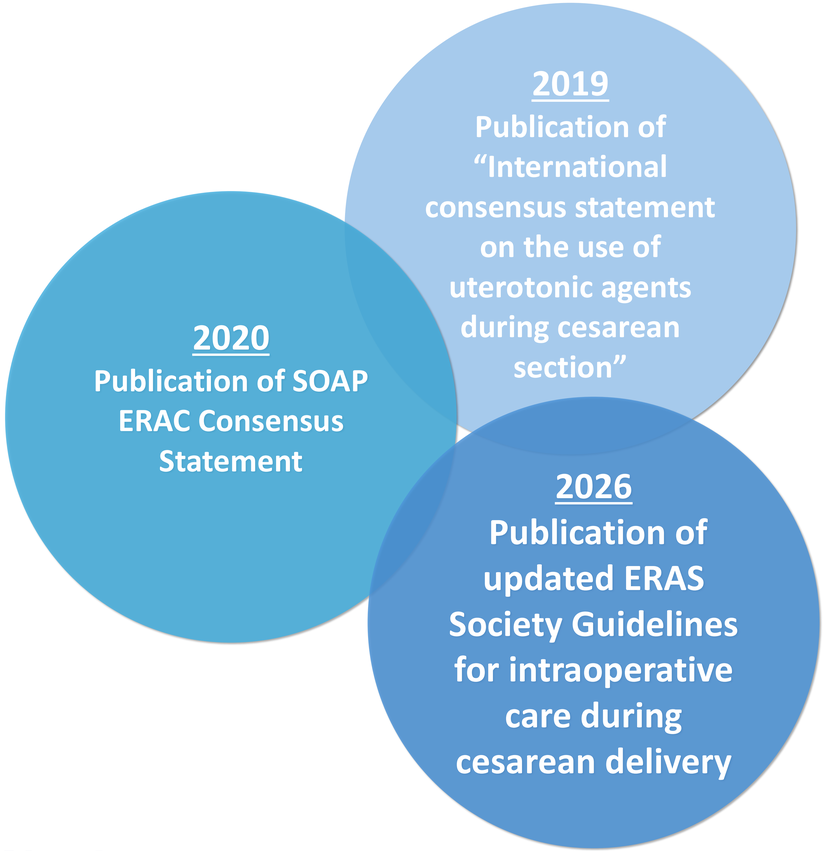
SOAP 2026 ANNUAL MEETING
MONTRÉAL, QUÉBEC, CANADA APRIL 29-MAY 3, 2026

Background



HYPOTHESIS

Heterogeneity persists in oxytocin administration practices in the United states, even across SOAP Centers of Excellence.

GOALS

1. **Characterize uterotonic administration practices** among SOAP Centers of Excellence
2. **Identify barriers** to implementation of evidence-based guidelines

Guidelines

International consensus statement on the use of uterotonic agents during caesarean section

Society for Obstetric Anesthesia and Perinatology: Consensus Statement and Recommendations for Enhanced Recovery After Cesarean

Guidelines for intraoperative care in cesarean delivery: Enhanced Recovery After Surgery Society recommendations (part 2)—2025 update

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PMID 40335352

Study Design & Methods

Design:

- **Multicenter, cross-sectional electronic survey** distributed via REDCap (Research Electronic Data Capture)
- Divided into 3 sections:
  - **Uterotonic Administration for Elective Cesarean Delivery**
  - **Uterotonic Administration for Intrapartum Cesarean Delivery**
  - **Additional Questions**

Population:

- **70 Division Chiefs** at SOAP COEs in North America

Survey Characteristics:

- **Total questions: 53**
- **Multiple choice**
- **Free-text/qualitative responses**

Elective Cesarean Delivery

5: What is the primary uterotonic used at your hospital?	◯ -Oxytocin ◯ - Carbetocin (Q5)
6: Is oxytocin administered during all elective cesarean deliveries?	◯ - Yes universally ◯ - No ◯ - Varies by obstetrician request (Q6)
7: How is oxytocin initially administered for elective cesarean delivery?	◯ - IV bolus ◯ - Infusion only ◯ - IM injection only (Q7)

Intrapartum Cesarean Delivery (survey 2)

1: Is oxytocin administered during all intrapartum cesarean deliveries?	◯ - Yes universally ◯ - No ◯ - Varies by obstetrician request (s2q1)
2: How is oxytocin initially administered for intrapartum cesarean delivery?	◯ -IV bolus ◯ - Infusion only ◯ - IM injection only (s2q2)
3: What is the usual initial dose of IV oxytocin for intrapartum cesarean delivery?	◯ - 1 IU ◯ - 2 IU ◯ - 3 IU ◯ - 4-6 IU ◯ - 6-8 IU ◯ - 8-10 IU ◯ - > 10 IU

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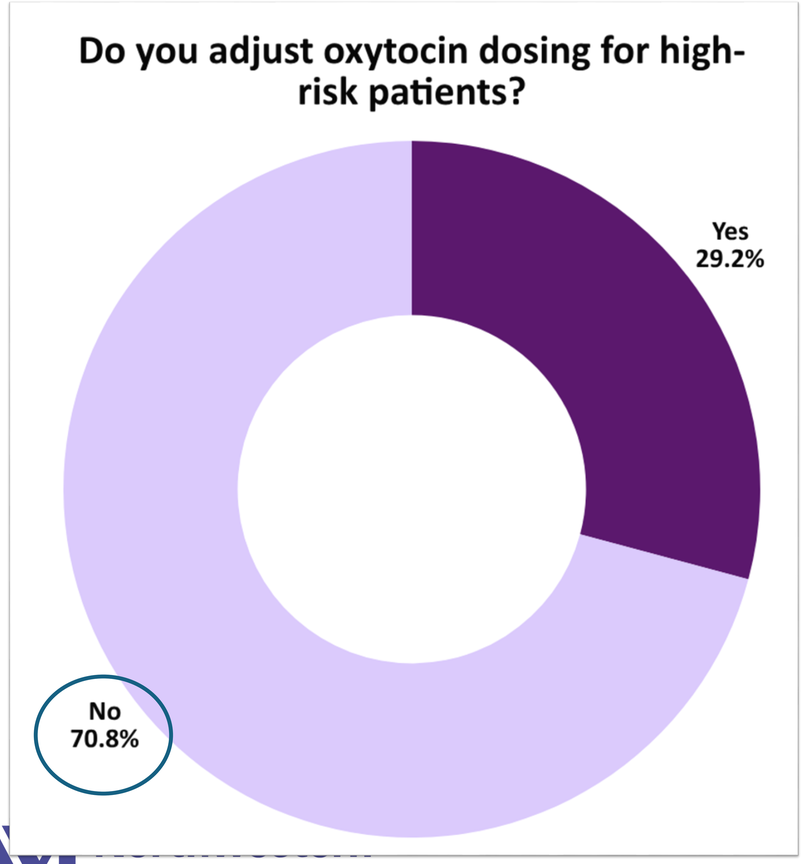
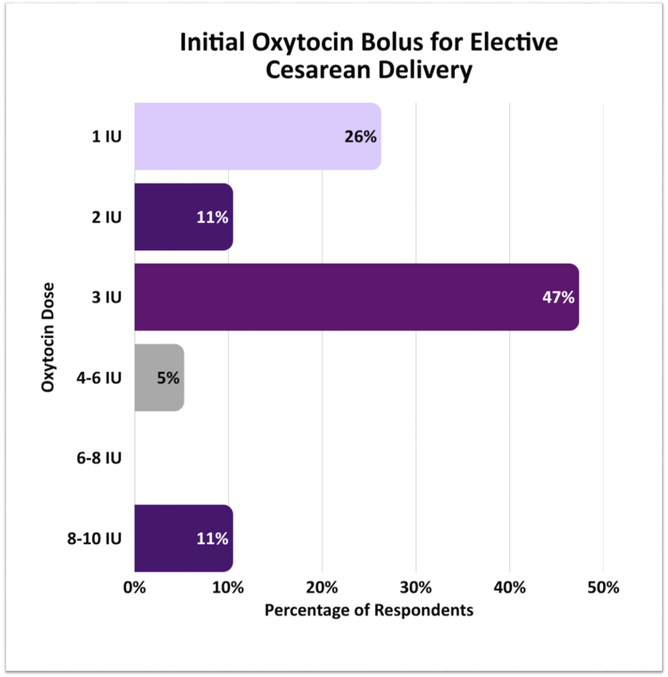
Results



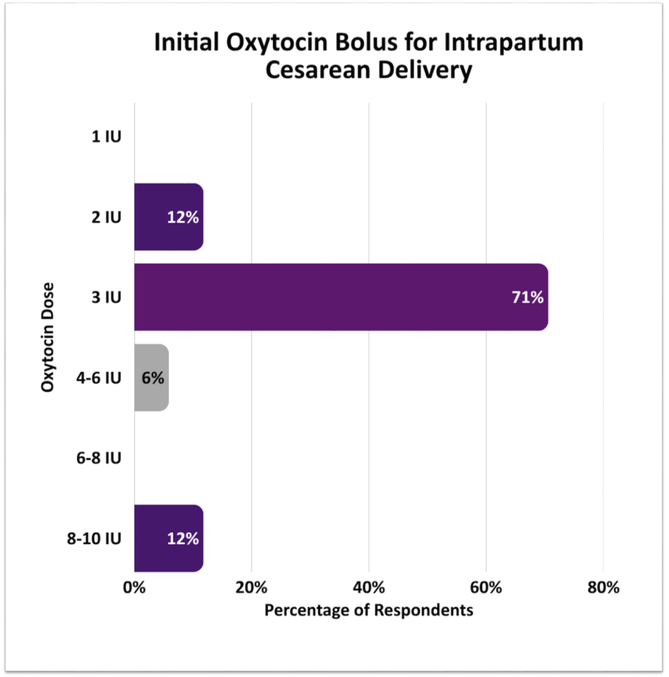
What research questions or knowledge gaps should be addressed regarding oxytocin use?

"Data are unclear as to whether lower-dose bolus plus infusion protocols are superior to the rule-of-threes."



Do you adjust uterotonics for high-risk patients?

"Patients deemed high risk of PPH receive one of the following immediately after delivery: methergine 0.2mg IM, TXA 1gm IV, Misoprostol 200mcg buccal."



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Conclusions

Substantial variability exists in uterotonic administration among SOAP COEs.

Many centers do not administer oxytocin using a guideline-based strategy.

Barriers to guideline adoption include resistance from clinical staff and disagreement with the guidelines

Opportunities for improvement include more robust comparative research of oxytocin protocols, strategies to support provider engagement and protocol uptake, and further study of implementation processes and barriers influencing sustained protocol adoption

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