## Clinical Details

| Clinical Situation for which medicine is to be used | The active management of the third stage of labour (as a means to promote separation of the placenta and to reduce blood loss), or after the birth of the placenta, to treat postpartum haemorrhage. |
| Clinical Criteria for inclusion | Women ≥ 16 years requiring active management of the third stage of labour, or routinely following the birth of the placenta, to prevent or treat postpartum haemorrhage. |

### Clinical Criteria for exclusion

- Known hypersensitivity to any component of the medicine.
- Individuals < 16 years old.
- Pregnancy and labour (induction of labour, first stage labour and second stage labour prior to the delivery of the anterior shoulder).
- Primary or secondary uterine inertia.
- Women with severe hypertension, pre-eclampsia, eclampsia.
- Women with severe cardiac disorders.
- Women with severe hepatic or renal impairment.
- Women with occlusive vascular disease.
- Women with sepsis.

### Management of excluded women and those not wishing to receive care

- Refer to medical staff as appropriate.
- Document action / refusal in woman’s maternity handheld record or community notes.

### Use in pregnancy or lactation

- Contraindicated during pregnancy and during induction of labour; first stage and second stage labour.
- Ergometrine can inhibit prolactin secretion and in turn can suppress lactation, so its repeated use should be avoided.

### Cautions and/or reasons for seeking further advice from a doctor

- Woman fits exclusion criteria.
- Woman suffers an adverse drug reaction.
- Chronic dosing is required.
- Woman declines medication.
- Failure to control post-partum haemorrhage.

### Cautions and action that will be taken if a caution applies

- Check for and document any allergies.
- Check and document past medical and drug history and current medication to ascertain potential for overdose.
- If a caution applies consult with a doctor.
- Document consultation in woman’s maternity handheld record or community notes.
- Refer to current BNF for latest information on interactions.

## Description of Treatment

| Name / Form / Strength of Medicine | Syntometrine® Injection (oxytocin 5 units + ergometrine 500micrograms) |
### Dosage

**Active management of third stage of labour:**
Intramuscular injection of 1ml after delivery of the anterior shoulder, or at the latest, immediately after delivery of the child. Expulsion of the placenta, which is normally separated by the first strong uterine contraction, should be assisted by controlled cord traction.

**Treatment of postpartum haemorrhage:**
Intramuscular injection of 1ml following expulsion of the placenta, or when bleeding occurs.

### Route of administration
Intramuscular

### Frequency of administration
Single dose for active third stage management of labour. The dose should be administered with delivery of the anterior shoulder or as soon as possible thereafter. In the event of a postpartum haemorrhage this dose maybe repeated once.

### Duration of treatment
As per local Trust guidelines.

### Legal Status
- POM – midwife may administer as medicine is on midwives exemption list

### Storage requirements
Store in a refrigerator at 2 - 8°C.

### Warnings
In breech presentations and other abnormal presentations, Syntometrine® should not be given until after delivery of the child, and in multiple births not until the last child has been delivered.

In postpartum haemorrhage, if bleeding is not arrested by the injection of Syntometrine®, the possibility of retained placental fragments, or of soft tissue injury (cervical or vaginal laceration), or of a clotting defect, should be excluded before a further injection is given.

### Follow-up
- Refer if woman develops side/adverse effects or if there is an inadequate response.
- Refer immediately in case of overdose.

### Undesirable effects
Anaphylactoid reactions associated with dyspnoea, hypotension, collapse or shock. Other reactions include headache, dizziness myocardial infarction, coronary arteriospasm, bradycardia, cardiac arrhythmias, chest pain hypertension vomiting, nausea, abdominal pain rash.

- If a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme [http://yellowcard.mhra.gov.uk/](http://yellowcard.mhra.gov.uk/)

### Overdose
Nausea, vomiting, hypertension or hypotension, vasospastic reactions, respiratory depression, convulsions, coma. Treatment would have to be symptomatic.

- Immediate assessment / treatment is essential – refer to medical staff
- Manage in accordance with established treatment guidelines or see BNF overdose section
- For further advice contact National Poisons Centres 0844 892 0111
| Advice to be given to the woman | • Explain treatment and course of action.  
• Side effects explained.  
• Verbal consent obtained before administration.  
• It is good practice to offer the woman the manufacturer’s Patient Information Leaflet to support any verbal advice provided. |
| Monitoring arrangements during and after treatment and follow-up required. | • If the woman suffers a serious adverse drug reaction, seek immediate medical assistance.  
• Monitor for side effects and effectiveness.  
• To be reviewed by doctor if inadequate response. |
| Records to be kept | Must be written in the once only medicines and pre-medications section of the medicine kardex. The person who writes up the medication must write their designation after their signature e.g. Midwife Band (*). Also record the administration, date, time and name of practitioner in the relevant section of the woman’s maternity handheld record or community notes. |
| References | • Syntometrine® SPC 2nd January 2014 [www.medicines.org.uk](http://www.medicines.org.uk)  
• BNF67  
• Postpartum Haemorrhage, Prevention and Management (Green-top 52) RCOG Green top guidelines May 2009 [http://www.rcog.org.uk/guidelines](http://www.rcog.org.uk/guidelines) |