

The Columbus Dispatch

OXYTOCIN

Labor drug gets more scrutiny

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A drug commonly used either to start labor or move things along can cause problems, including harming the fetus, and is getting more attention from hospitals and doctors.

Pitocin, generically called oxytocin, is used to induce labor or when labor has stalled. Usually it is harmless, but too much too fast can speed contractions to the point that the fetus does not get enough oxygen. The worst-case result can be brain damage or death. Mothers who are hypersensitive to the drug or who receive too much of it might be harmed, too.

Doctors at Mount Carmel hospitals now are following a standardized plan for administering the drug, deciding how much to administer and monitoring its effects. That's in large part because the Institute for Safe Medication Practices has included it on a list of high-alert medications, said Dr. Augustus Parker, an obstetrician who works on improving quality at Mount Carmel East. Doctors at hospitals that are part of the seven-state Trinity Health System are following the protocol.

"Ninety-nine percent of the time, things go great," Parker said, but the aim is to eliminate those times when problems arise.

Pitocin should be used only to stimulate the uterus to behave as it would during a delivery progressing normally, not to make contractions stronger and faster, Parker said. Before this, dosing was left to individual obstetricians.

In addition to striving to keep Pitocin-use at a safe level, the hospital system is working to make sure doctors who are inducing labor have good reason to do so, he said.

Labor is induced for more than one in five pregnant women in the United States, according to the American Congress of Obstetricians and Gynecologists. The rate doubled to 225 per 1,000 live births between 1990 and 2006, the group says.

Other Columbus hospital leaders have taken a close look at oxytocin use, although their approaches differ.

It doesn't take much beyond the amount needed to produce a normal pattern of uterine contractions to produce too much activity, said Dr. Mark Landon, interim chairman of obstetrics and gynecology at Ohio State University Medical Center.

The hospital has long had safety policies surrounding the drug's use and just recently decided to

standardize dosing as well, he said. Many malpractice cases against obstetricians allege misuse or overuse of oxytocin, Landon said.

At Riverside Methodist Hospital, Dr. Stuart Jones, chairman of obstetrics and gynecology, does not favor rigid dosing guidelines, but he said greater attention is being paid to use of the drug. Doctors and nurses who work in labor and delivery are undergoing training designed to reduce problems, he said. The focus at Riverside is on monitoring uterine activity, reducing over-stimulation and thereby avoiding complications, Jones said.

Michael Cohen, president of the Pennsylvania nonprofit Institute for Safe Medication Practices, said he supports standardized dosing.

Oxytocin was added to the high-alert list in 2008 because of serious overdose errors and potential mix-ups with magnesium sulfate, another commonly used medication, Cohen said.

In a Pennsylvania study that looked at errors in labor and delivery units between 2004 and 2009, oxytocin was the drug most often involved in cases in which a woman was given the wrong dose or an overdose of a medication.

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