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Oxytocin medication often unnecessary in normal deliveries

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It is standard practice in Swedish delivery rooms to use oxytocin to stimulate a labour that has been slow to start or has grind to a halt for a few hours. However, it is also fine to wait for a further three hours in first-time mothers, reveals a thesis from the University of Gothenburg, Sweden.

The thesis draws on data from a study carried out by Sahlgrenska University Hospital in Gothenburg and Ryhov County Hospital in Jönköping in 1998-2003. Healthy first-time mothers with normal pregnancies and a spontaneous start of active labour were monitored throughout their deliveries, with a follow-up one month later. Those with a slow or arrested first stage labour, were randomly allocated to early oxytocin treatment or expectancy for 3 hours. All of the women were given the same access to pain relief and staff support.

The results showed that there were no differences between the groups in terms of the number of caesareans, ventouse deliveries, major haemorrhages, significant tears, or newborns needing neonatal care. In the expectancy group, treatment with an oxytocin drip was avoided in 13% of women and, as expected, the deliveries took slightly longer time. A month after delivery both groups of women were equally positive or negative about their birth experience.

"A reasonable interpretation of these results is that it is safe to hold off with the oxytocin when the delivery process has been slow for two to three hours, and that this approach could help to bypass the unnecessary

use of oxytocin in otherwise normal deliveries, which would also help to avoid unnecessary risks to the unborn child," says Anna Dencker, PhD student at the Sahlgrenska Academy's Institute of Health and Care Sciences.

She believes that these findings will give midwives and obstetricians a scientific basis for taking a health-promotion approach to deliveries, particularly when healthy women are having their first child. It is therefore important to offer women and their families a good delivery environment, good delivery preparation and personal support with ongoing information on progress throughout the process.

"A normal first delivery and positive birth experience are extremely important and impact on future pregnancies and deliveries," says Dencker. "However, more research is needed to identify the factors that contribute to negative experiences."

More information: Download the thesis from: hdl.handle.net/2077/22921

Provided by University of Gothenburg

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