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Title:

Use of oxytocin during elective caesarean sections in an Australian metropolitan maternity service

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Discussion: Increasing BMI of patients is increasing risk of caesarean delivery. Quantifying increased risk may assist counseling patients antenatally on realistic expectations for attaining normal vaginal delivery. Ideally educating patients prior to conception may encourage attainment of a healthy BMI and reduce need for future operative delivery.

Case Report: A Rare Case of a Complete Hydatidiform Mole and Surviving Twin Pregnancy

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Introduction: Complete hydatidiform mole with a healthy twin pregnancy (CHMT) is a rare occurrence. Incidence estimated at 1 in 22 000–100 000 with an increased risk of haemorrhage, severe early onset preeclampsia, preterm delivery, fetal death and persistent gestational trophoblastic disease (PGTD) reported. Diagnosis is usually based on ultrasound examination, with a complete hydatidiform mole generally producing a characteristic vesicular sonographic pattern with marked oedema and large haemorrhagic areas. Serial betaHCG levels directly correlate to the growth or degeneration of the abnormal trophoblastic tissue and can aid not only initial diagnosis as well as prognosis of viability and risk of development of PGTD.

Case Description: A 21 yo Afghan primip presented who conceived naturally on Metformin 500 mg daily for treatment of PCOS. A dating USS at 8 weeks gestation demonstrated a live single intrauterine fetus with a complex collection adjacent to the gestational sac in keeping with a subchorionic bleed. Serial USS at 12, 19 and 37 weeks gestation consistently reported on a mass anterior to the gestational sac and separate to the posterior placenta. The mass was assessed to be void of sinister features and felt to be a hematoma. Serum free betaHCG levels at 12 weeks gestation were 5.61 MoM and had risen to 222 800 IU/L by 24 weeks. She had a spontaneous normal vaginal delivery at 38 weeks of a healthy female baby weighing 3100 g. The placenta had a discoid shape with what appeared to be an accessory lobe which showed infarcted complete hydatidiform molar changes. Immunohistochemical staining with p57 confirmed a complete hydatidiform mole. Karyotyping was not performed as no fresh tissue was available for analysis. Postnatally serial beta HCG showed progressive decline with levels <5.0 after 5 weeks.

Discussion: CHMT is a rare occurrence. In practice antenatal diagnosis can be missed with misinterpretation of sonographic findings to be consistent with a hematoma. A significantly raised free betaHCG at first trimester screen in conjunction with a suspicious mass adjacent to the placenta on ultrasound should raise clinical suspicion of a CHMT.

Use of Oxytocin During Elective Caesarean Sections in an Australian Metropolitan Maternity Service

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Introduction: Current guidelines (RCOG, RANZCOG, NICE) recommend the use of an intravenous (IV) slow bolus injection of 5 international unit (IU) dose of oxytocin at caesarean deliveries as a prophylactic measure to reduce the incidence of postpartum haemorrhage. However, anecdotal evidence suggests that there is

a degree of variation with respect to how oxytocin is actually used during elective caesarean sections, particularly in the use of an additional 40 IU oxytocin infusion, over 4 h, and/or other uterotronics.

Methods: The prescribing patterns of oxytocin infusions during elective caesarean sections were retrospectively reviewed at a large (>5000 births) Australian metropolitan maternity service. Demographic and procedure-specific data was collected for all elective caesarean sections for the calendar year 2017.

Results: Using the Birth Operating System (BOS) data, anaesthetic and medical records, we were able to identify the various oxytocic utilisation patterns during the time period of the study. Evaluation of these patterns of use at elective caesarean sections, demonstrated a significant additional use of 40 IU oxytocin infusion over four hours, regardless of intraoperative blood loss or risk factor profile.

Discussion: These results suggest that the use of additional long acting oxytocin regimes, for example 40 IU infusion, may be considered as a means of reducing postpartum haemorrhage rates at elective caesarean sections. As such, the relative increase in costs, patient acceptability and long term benefits should be compared with other long acting oxytocics such as ergometrine and Carbetocin.

Use of the Bakri Balloon in the Management of Massive Postpartum Haemorrhage, Secondary to Cervical Trauma at Vaginal Birth

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Background: The Bakri balloon (Cook Medical) is used in the management of postpartum haemorrhage (PPH) secondary to an atonic uterus. This case report describes the use of a Bakri balloon for the management of PPH secondary to cervical trauma.

Case: A 30-year-old woman G1P0, 41⁺3 weeks gestation, was induced by cervical ripening, artificial rupture of membranes and an oxytocin infusion. Following a vacuum delivery, the patient received prophylactic 5 IU oxytocin: 500 µg ergometrine (Syntometrine) IM injection. A complete placenta was delivered by controlled cord traction. Immediately thereafter, a PPH of 1200 mL occurred. The uterus was slightly atonic. Despite uterine fundal massage, the commencement of an intravenous 40 IU oxytocin infusion and 1 g misoprostol being inserted PR, bleeding continued. Vaginal examination suggested that the ongoing blood loss was originating from cervical lacerations. A Bakri balloon was inserted on the birth suite and deliberately inflated within the lower uterine segment with 500 mL of normal saline and placed on mild traction. In the operating theatre, the Bakri balloon was removed and further uterine blood clots were expelled. Ongoing bleeding from various cervical tears occurred despite the use of interrupted sutures. The uterus felt well contracted and therefore, a second Bakri balloon was placed as described above. The ongoing bleeding ceased. The weighted blood loss was 2240 mL. The Bakri balloon was removed on Day 1 and the woman was discharged on Day 3.

Conclusion: This case reports the successful use of the Bakri balloon in management of massive PPH secondary to cervical lacerations.