Implementation of Oxytocin Guideline in Women's Hospital For Safe Delivery

(A Women's Hospital initiative)

Dr. Ahmed Bahie Eldin, Dr. Mariam K Maducollil, Smitha Joel
Dr. Huda Saleh, Dr. Zeena Al Mansoori, Dr. Arabo Bayo, Dr. Salwa Abu Yaqoub
Department of Quality & Patient Safety & Department of OB/GYN- WH, HMC

مستشفى النساء
Women's Hospital
عضو في مؤسسة حمد الطبية
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BACKGROUND

To Women's Hospital OB/GYN Dept. had developed Oxytocin guideline in order to promote good practice and consistency in the management of women who require the use of oxytocin to induce, or augment labor process.

Oxytocin has various properties but its main function is to facilitate labor. Oxytocin stimulates rhythmic uterine contractions by acting both directly on the myometrium and indirectly on decidual prostaglandin production.

The Clinical practice guideline committee at Women's Hospital initiated the development of Oxytocin for labor induction & augmentation guideline to standardize clinical care practices, to provide clinical care in a timely and effective manner and to consistently deliver safe and high quality care using evidence based practices

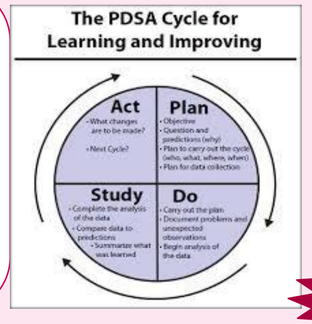
AIM

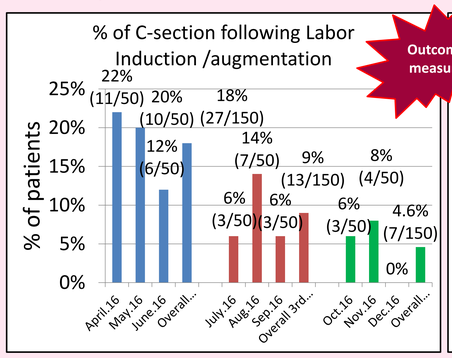
- To achieve 100% compliance of Women's Hospital physicians adherence to the Oxytocin guideline by Dec.2016
- To analyze whether Oxytocin guideline has improved clinical care outcomes post implementation of the guideline by 90% within Dec.16

MATERIALS & METHODS

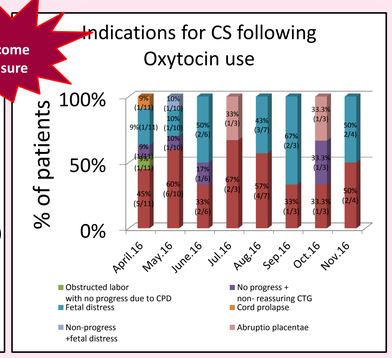
During the beginning of each month, LR submits to the quality department the list of all cases that were induced with Oxytocin. The Quality Department does a systematic random sampling to select 50 cases randomly that were induced/augmented with oxytocin.

These cases were analyzed under the following auditable standards using Model for Improvement



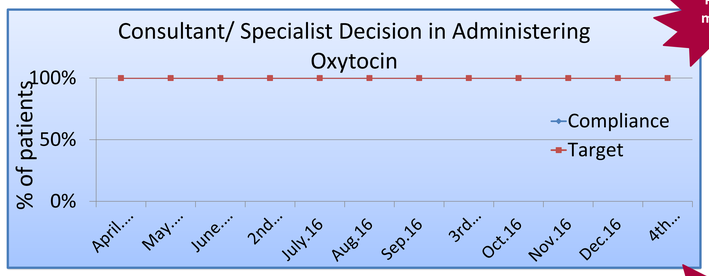


Outcome measure



RESULTS

Process measure



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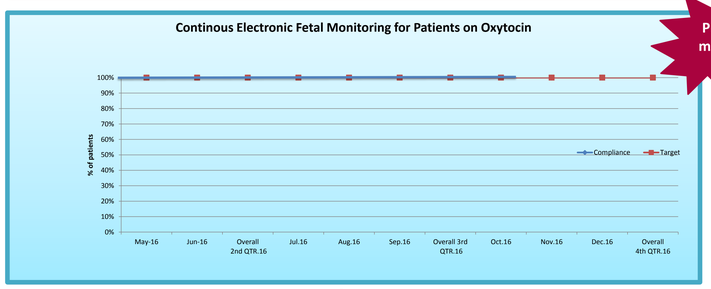

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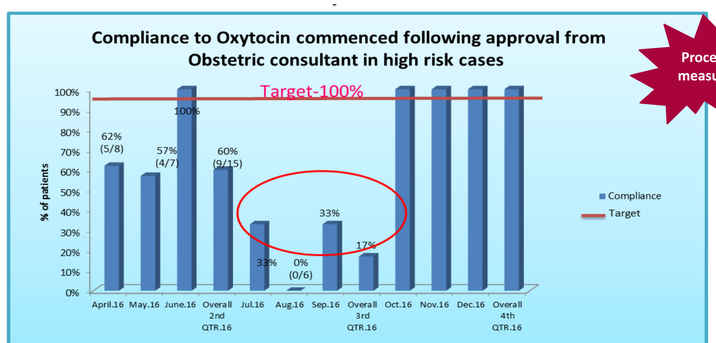
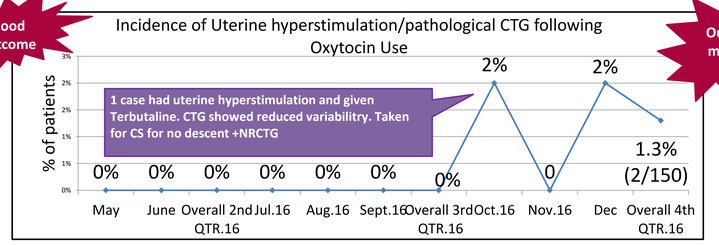


Comments: Very low compliance was observed in high risk cases receiving Oxytocin following Consultant Obstetricians approval.

Data was presented in the morning report and emphasized regarding strict adherence to the guideline. In Oct.16 all high risk cases that received Oxytocin had a Consultant obstetricians input

Good outcome



Outcome measure

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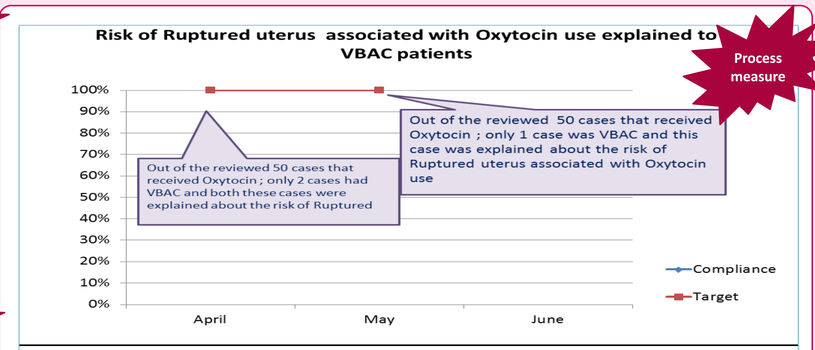
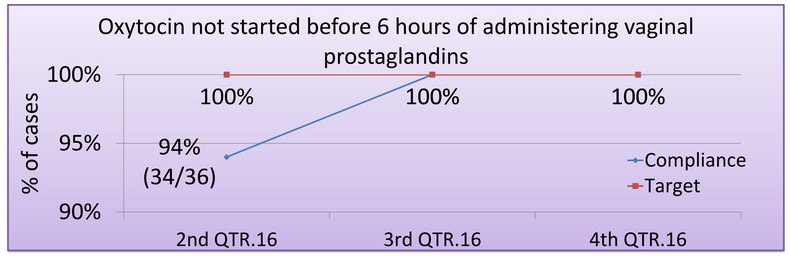
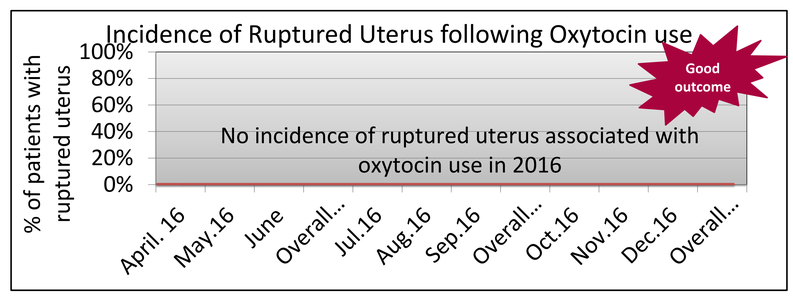


NB:- No VBAC cases in June, July, August , Sept , Oct, Nov & Dec 2016



Good outcome



CONCLUSION

From the above data, its worth mentioning the areas of good practice points with regards to compliance to the Oxytocin guideline in terms of :

-100% compliance in decision for administering Oxytocin taken either by a Specialist /Consultant

-100% compliance for continuous electronic fetal monitoring for all cases receiving Oxytocin.

-Risk of ruptured uterus counselled & documented in 100% cases for VBAC

-Except for few cases that received Oxytocin, it was only given after 6 hours of administering vag. prostaglandins

RECOMMENDATIONS

- Since no progress was the indication in most cases to proceed for a C-section, our recommendation is to formulate a team to work in collaboration with the Quality Department to study in detail about "no progress C-section"
- To do a correlational analysis to find out whether patients with non-reassuring CTG ended up with a C-section

REFERENCES

NICE guideline Intra partum care – Care of healthy women and their babies during child birth. (CG 190) 2014