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INTRAUMBILICAL VEIN INJECTION OF OXYTOCIN FOR RETAINED PLACENTA IN HOSPITAL TENGKU AMPUAN RAHIMAH: HIGH DOSE VERSUS LOW DOSE REGIME

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Background:

Postpartum hemorrhage and retained placenta are the most common serious abnormalities encountered during the third stage of labor. If retained placenta is left untreated, there is a high risk of maternal death from hemorrhage or infection. The current standard of management of retained placenta, by manual removal, aims to prevent these problems, but it is unsatisfactory. The objective of the study is to evaluate whether the effectiveness of umbilical vein injection of oxytocin is dose dependent.

Materials and Methods:

A randomized prospective clinical trial was conducted in HTAR over a period of 18 months from December 2007 to May 2009. A diagnosis of retained placenta is made if the placenta was still not expelled after 30 minutes. Participants were randomized into three groups. Twenty milliliters of solution containing either 100 units of oxytocin or 10 units of oxytocin would be injected through a catheter in the first two groups while expectant management was taken in the third group. If the placenta is still not expelled after one hour of third stage manual removal of placenta would be performed.

Results:

A total of 108 eligible patients were recruited and equally divided in this study. Manual Removal of Placenta required and the success rate of the intervention were; Saline + 100 units oxytocin group 21 (41.7%); Saline+10 units oxytocin group 29 (19.4%); and expectant management group 31 (13.9%) with a P-value of 0.016. There was no incidence of nausea or vomiting observed in the three groups.

Conclusion:

Intra-umbilical vein injection of oxytocin in cases of retained placenta seems a simple and beneficial technique to reduce the incidence of a potentially hazardous procedure. Higher doses of intraumbilical oxytocin can be used with increase rate of success without any observed clinical side effects. We conclude from our study that increase doses of intra-umbilical oxytocin does improve outcome.

Keywords:

retained placenta, intraumbilical oxytocin