Informed Consent for Pitocin

Pitocin is the synthetic form of oxytocin, which is a hormone that is involved in labor. In the hospital, they often use pitocin to induce labor by getting the contractions going. This is because oxytocin is involved in uterine contractions. When used to start labor, pitocin can cause very painful contractions. An epidural will usually be needed with pitocin for pain management. This often leads to a cascade of interventions, which often ends in the need for a c-section. Pitocin often will cause the uterus to work too hard, making the risk of the uterus rupturing go up. Pitocin can also cause the baby's heart rate to drop.

Because of the possible complications, pitocin in a home birth setting cannot legally be used to induce labor. Instead, it is used to get the uterus to contract down after the baby is born, during delivery of the placenta, to stop hemorrhaging (which is when you are bleeding too much). Delivery of the placenta is the third stage of labor. The medication can be given through an IV or through a shot in your thigh.

There are four main reasons that **postpartum hemorrhaging (PPH)** usually occurs.
Atony is when the uterus gets tired and is not able to contract very well. This is the most common cause of PPH. Bleeding occurs because the uterus isn't able to contract down to stop the bleeding.
Trauma can sometimes happen to the vagina during labor. This can cause extra bleeding.
Retained products are pieces of the placenta, amniotic sac, or umbilical cord left behind in the uterus after birth of the baby. The uterus normally contracts to expel the products, but if pieces are left behind, PPH will occur.
Coagulation defects happen when there is a clotting disorder or you are on blood thinning medication that prevents your blood from coagulating (getting thicker). This will cause PPH because blood coagulation is one of the ways your body controls bleeding.

Pitocin can be given using **active management**. This is also called "hands-on" management. In this case, we will give you pitocin to prevent bleeding before it occurs, especially if you are at a higher risk of hemorrhaging. The pitocin will help the uterus to contract, which will help prevent the bleeding before it occurs. Pitocin is often given in the hospital using active management. The downsides to this, is that you may have stronger pain afterwards. You may also feel more nauseous.

Or pitocin can be given using **expectant management**. This is also called "hands-off" management. In this case, we will watch and wait as the uterus contracts and expels the uterus. It is normal to lose some blood after delivery of the placenta. It might even look like a lot of blood, but if the blood loss goes over 1000 cc, it is considered a PPH and will need to be managed. If the uterus does start hemorrhaging, we will then give you pitocin to stop the hemorrhaging. In this case, the pitocin will help the uterus contract to treat the bleeding and cause it to stop.

In general it is better to use expectant management. The care provider should refrain from doing things like pulling on the cord. It is also best to wait for the placenta to be born, and for the cord to go white and stop pulsating before cutting the cord. This is to ensure that the baby gets all of their blood after birth, which will give them a head start in life and make the transition to living outside the uterus easier.

We will not give you pitocin, unless it is necessary to stop bleeding. We will only use active management if you are at a higher risk of PPH or have had PPH in the past. Of course, you can refuse pitocin all together, but if you do refuse and you are hemorrhaging you will be subject to the risks of unmanaged PPH. Some people can handle more blood loss than others, while some people have more complications after losing a smaller amount of blood than usual. People with anemia, a lower body mass, or that have a smaller blood volume will be more likely to have greater complications with PPH. Symptoms of PPH include high heart rate, low blood pressure, hyperventilation, low output of urine, paleness, dizziness, and altered mental state.

We will try to make your careplan unique to you. If you do not want pitocin given to you, there are other things we can consider doing before birth in the event of a PPH. We can also wait until you are showing signs of a hemorrhage before administering pitocin. The best thing to do would be to take measures before birth to prevent hemorrhaging. We will try our best to allow your body to work naturally during labor to prevent injury, but it is vital that you eat a whole foods diet so that your body is getting the nutrition that it needs so that it can handle the postpartum period better. This is the best method of prevention.

For more information, go to
https://evidencebasedbirth.com/evidence-on-pitocin-during-the-third-stage-of-labor/
https://www.whattoexpect.com/pregnancy/labor-and-delivery/pitocin-induction/

I consent to active management of the third stage of labor with pitocin:

Print Name: _____

Sign: _____ Date:_____

Witness: _____

I consent to expectant management of the third stage of labor with pitocin:

Print Name: _____

Sign: _____ Date:_____

Witness: _____

I refuse pitocin during the third stage of labor:

Print Name: _____

Sign: _____ Date:_____

Witness: _____

I acknowledge that I have been informed of the risks and benefits of management of the third stage of labor with pitocin:

Print Name: _____

Sign: _____ Date:_____

Witness: _____