Syntocinon nice guidelines induction

Intravenous oxytocin should not be used for induction of childbirth. Recommendation: Intravenous oxytocin should not be used for induction of childbirth. Interventions: Intravenous Oxytocin Only Guide: Induction of Labor (CG70) Published Date: July 2008 Item Number: 1.4.1.1 Page Number: 16 If a woman has a premature rupture of preterm preterm membranes, induction of labour should not take place until 34 weeks if there are additional obstetric signs (e.g. infection or foetus compromise). Induction of childbirth should not be regularly offered only at the mother's request. However, in exceptional circumstances (e.g. if a woman's partner is soon placed abroad in the armed forces), induction may be considered within or after 40 weeks. Induction of childbirth to avoid the birth of unsupervised health care workers should not be regularly offered to women with a history of hasty childbirth. In the absence of any other signs of induction of childbirth should not be carried out simply because the health care worker suspects that the child is large for gestational age (macrosomic). Oral and intravenous prostaglandin E2 (PGE2) should not be used for induction of childbirth. Extraamniotic and intrachurch prostaglandin E2 (PGE2) should not be used for induction of childbirth. Hyaluronidase should not be used for induction of childbirth. Corticosteroids should not be used for induction of childbirth. Estrogen should not be used for induction of childbirth. Vaginal nitric oxide donors should not be used for induction of childbirth. Amniotomy, alone or with oxytocin, should not be used as a primary method of labor induction unless there are specific clinical reasons for not using vaginal prostaglandin E2 (PGE2), specifically the risk of uterine hyperstimulation. Mechanical procedures (catheter balloons and tent kelp) should not be used regularly for labor induction. Health professionals should inform women that the available data do not support herbal supplements for induction of childbirth. Health professionals should inform women that the available data do not support acupuncture for induction of childbirth. Health professionals should inform women that the available data do not support homeopathy for labor induction. Health professionals should inform women that the available evidence does not support castor oil for induction of childbirth. Health professionals should inform women that the available data do not support hot tubs for induction of childbirth. Health professionals should inform women that the available evidence does not support enemas for induction of childbirth. Health professionals should inform women that the available data do not support sexual intercourse for induction of childbirth. To reduce the likelihood of cord prolapse, which occur during amniotomy, amniotomy, caution should be taken: amniotomy should be avoided if the child's head is high. This guide covers circumstances, methods and monitoring for inducing childbirth in pregnant women to avoid pregnancies lasting more than 42 weeks (known as long-term pregnancy) or if the woman's water breaks but the birth does not begin. It aims to improve the counselling and care provided to women who are considering and inducting births in hospital maternity wards, obstetric wards and at home. Recommendations This guide includes recommendations for: Who is it for? Commissioners of Health Workers and Providers Pregnant Women, Their Families and Guardians This Guide is up to date? We checked this guide in January 2017 and are updating recommendations on: induction of childbirth in specific circumstances - suspected macrosomy of the fetus recommended methods of induction of labor methods that are not recommended for labor induction See the guide on the development page for progress in the update. The Development Guide As We Develop NICE Guidelines This guide updates and replaces NICE inherited Clinical Guidance D (June 2001). The recommendations in this guide reflect the view of NICE, which was established after careful consideration of the available evidence. In making their judgments, professionals and practitioners should take this guidance into full consideration, along with the individual needs, preferences and values of their patients or the people who use their services. The application of the recommendations is not mandatory and does not negate the obligation to make decisions consistent with a person's circumstances in consultation with them and their families, guardians or guardians. All problems (adverse events) related to the drug or medical device used for treatment or procedure must be reported to the Medicines and Medical Products Regulatory Agency using the yellow card scheme. Local commissioners and health care providers have a responsibility to ensure that this guidance is applied when individual professionals and people using services want to take advantage of it. They should do so in the context of local and national priorities for financing and services development, and in view of their responsibilities to take into account the need to eliminate illegal discrimination, ensure equality of opportunity and reduce health inequalities. Nothing in this manual should be interpreted in a way that does not correspond to those responsibilities. Commissioners and service providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce environmentally impacted by the implementation of the NICE recommendations. Go to mainstream content