# Uterotonic Agents for Postpartum Hemorrhage

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Side Effects</th>
<th>Contraindications</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pitocin® (Oxytocin)</td>
<td>10-40 units</td>
<td>IV infusion</td>
<td>Continuous</td>
<td>Usually none. Nausea, vomiting, hypotension (“water intoxication”) with prolonged IV admin, 1 BP and 1 HR with high doses, esp IV push</td>
<td>Hypersensitivity to drug</td>
<td>Room temp</td>
</tr>
<tr>
<td>Methergine® (Methylergometrine)</td>
<td>0.2 mg</td>
<td>IM (not given IV)</td>
<td>Q 2-4 hours. No response after first dose, it's unlikely that additional doses will be of benefit.</td>
<td>Nausea, vomiting, Severe hypertension, esp. if given IV, which is not recommended</td>
<td>Hypertension, Preeclampsia, Cardiovascular disease Hypersensitivity to drug Caution if multiple doses of ephedrine have been used, may exaggerate hypertensive response with possible cerebral hemorrhage</td>
<td>Refrigerate Protect from light</td>
</tr>
<tr>
<td>Homobivare® (15-methyl PGI2a)</td>
<td>250 mcg</td>
<td>IM or intra-myometrial (not given IV)</td>
<td>Q 15-90 min. Not to exceed 8 doses/24 hrs. If no response after several doses, it is unlikely that additional doses will be of benefit.</td>
<td>Nausea, vomiting, Diarrhea Fever (transient), Headache Chills, shivering Hypertension Bronchospasm</td>
<td>Caution in women with hepatic disease, anemia, hypertension, active cardiac or pulmonary disease Hypersensitivity to drug</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>Cytotec® (Misoprostol)</td>
<td>600-800 mcg</td>
<td>Sublingual or oral</td>
<td>One time</td>
<td>Nausea, vomiting, diarhea Shivering, Fever (transient) Headache Rare Known allergy to prostaglandin Hypersensitivity to drug</td>
<td></td>
<td>Room temp</td>
</tr>
</tbody>
</table>

# Blood Products

- **Packed Red Blood Cells (PRBC)**
  (approx. 35-45 min. for crossmatch—once sample is in the lab and assuming no antibodies present): Best first-line product for blood loss
  - 1 unit = 200 ml volume
  - If antibody positive, may take hours to days, for crossmatch, in some cases, such as autologous crossmatch compatible may not be possible; use “least incompatible” in urgent situations

- **Fresh Frozen Plasma (FFP)**
  (approx. 35-45 min. to thaw for release): Highly desired if > 2 units PRBC’s given, or for prolonged PT, PTT
  - 1 unit = 180 ml volume

- **Platelets (PLTs)**
  - Local variation in time to release (may need to come from regional blood bank): Priority for women with Platelets < 50,000
  - Single-donor Apheresis unit (≥ 6 units of platelet concentrates) provides 40-50 k units
  - Increase in platelets

- **Cryoprecipitate (CRYO)**
  (approx. 35-45 min. to thaw for release): Priority for women with Fibrinogen levels < 60
  - 10 unit pack (or 1 adult dose) raises Fibrinogen 80-100 mg/dL
  - Best for DIC with low fibrinogen and don’t need volume replacement
  - Caution: 10 units come from 10 different donors, so infection risk is proportionate