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TITLE

CARBETOCIN VERSUS OXYTOCIN IN THE ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR FOLLOWING CAESAREAN SECTION: AN OPEN LABEL RANDOMIZED CONTROL TRIAL

AUTHOR/S

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ABSTRACT

Objective: To compare the effectiveness and safety of carbetocin over oxytocin in the active management of third stage of labour following caesarean section.

Methods: A randomized-controlled trial was conducted in AKMMCH over a period of nine months from June, 2015 to March, 2016. On the basis of selection criteria total 200 pregnant women who had undergone caesarean section were randomized for two groups of drugs. According to computer generated randomization sequential number was allocated for cases. One group of patients received intravenous 100 micro gram carbetocin and another group of patients received intramuscular 10 IU oxytocin in third stage of labour. Outcome measures such as safety, efficacy, prevention of uterine atony, need for additional uterotonic therapy, cost effectiveness and adverse effects were all documented.

Results: In this study, Fluid overload occurred in 8.0% patients and additional uterotonic needed for 15.0% patients in Oxytocin group but fluid overload did not occur and additional uterotonic did not need none of the patients in carbetocin group. Primary PPH occurred 1% pt with carbetocin group but 10% in oxytocin group. Immediate blood transfusion needed in 4% in carbetocin group but 8% in oxytocin group. Adverse effects of drugs were almost similar in both groups. Average cost per patient in carbetocin group was less in comparison to oxytocin group following caesarean section.

Conclusion: Carbetocin appears to be an effective new drug in the active management of third stage of labour in caesarean section. A single dose of 100 microgram IV carbetocin is more effective than oxytocin for maintaining adequate uterine tone and prevention of uterine atony and primary PPH. Carbetocin is also safe more effective and also cost effective following caesarean section.

INSTITUTE

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