

Medication Without Harm



WHO Global Patient Safety Challenge

Case Scenario – Patient experience in high-risk situation for medication safety

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Role of the Patient

- Patient Engagement in high-risk situations for medication safety
- A Patient Perspective

Effective Patient Engagement

- Recognizing bias
- Encourage questions/information sharing
- Use available resources to educate
- See the patient/family as trusted members of the care team

Creating a High-risk Medication Tool for Patients

- Include the patient perspective early
- Language matters when discussing risk
- Educate patients on what concerning signs and symptoms to report.
- Put it in writing

What is Oxytocin, why focus on this drug?

- Commonly used to start or advance labour
- Given by intravenous IV route
- Lack of patient awareness that oxytocin is a high-alert medication
- Lack of awareness of hospital guidelines.
- Multiple gaps in fetal heart rate (FHR) monitoring, negatively impacting the safe use of IV oxytocin.

<https://www.hiroc.com/resources/risk-reference-sheets/mismanagement-inductionaugmentation-medications>

Oxytocin Safety

- Patient handout developed in collaboration with patients and providers
- To increase role of the patient as a partner
- Funded by the Canadian Medication Safety Coalition

Oxytocin to Start or Advance Labour: 5 Questions to Ask



1. What is oxytocin?

- Oxytocin is a hormone that is produced naturally in pregnancy to make the uterus contract. When the uterus contracts, it is called labour.
- Oxytocin is also a medicine that is given during labour if the natural supply is not enough.



2. Why is it used and what are the benefits?

- To help start labour (induction), or
- To help advance labour (augmentation) when the time between contractions is too long, the length of contractions is too short, or contractions are too weak.
- Oxytocin helps the uterus contract. The contractions open the cervix and help your baby move down into the birth canal.
- Oxytocin should only be used when the benefits of delivery outweigh the risks of continuing the pregnancy.
- Benefits may include being able to have a vaginal birth and not requiring a Caesarean delivery (C-section).
- In Canada, 8 out of 10 patients who received oxytocin to start or advance labour gave birth vaginally.¹



3. Proper Use: How is it given?

- Oxytocin to start or advance labour is given intravenously using a pump to control the amount of medicine you receive.
- The medicine will start at a low dose and then will be increased gradually to get the right contraction pattern for you.
- In some cases, if the contractions are affecting the baby's heart rate or if the contractions are too close together, your health care provider may reduce or stop the oxytocin.



4. What are the risks?

- Risks to you and your baby can vary depending on your past or current health factors (e.g., heart condition, blood pressure).

Risks to the baby may include:	Risks to you may include:
<ul style="list-style-type: none">• heart rate changes (e.g., slow heartbeat) due to overly strong or frequent contractions• shortage of oxygen due to overly strong or frequent contractions	<ul style="list-style-type: none">• increased labour pain• fast/irregular heart rate or changes in blood pressure• heavy bleeding or post-partum bleeding• strong contractions that are too long or too frequent• headache, nausea, vomiting• tear in the uterus requiring an emergency C-section (rare)

Rarely oxytocin may cause serious or life-threatening harm to you or your baby, so it is important to have already discussed the risks and benefits of oxytocin use with your doctor or midwife before treatment is started.

- Other options may include waiting for labour to start, having a C-section, or using other medicines, each of which has its own benefits and risks—discuss with your doctor or midwife to determine what is best for you and your baby.



5. Monitor: What do I watch for?

- Your baby's heart rate and your contractions will be closely monitored using a fetal monitor.
- Your health care team will check on you often and watch over your labour closely.
- Your contractions, blood pressure, and heart rate will be checked regularly.
- You may need to have pain medicine to help you with the pain of labour. You will be provided with choices to manage your pain.
- Let your health care team know right away if you have:
 - sudden onset of severe abdominal pain
 - heavy bleeding from your vagina

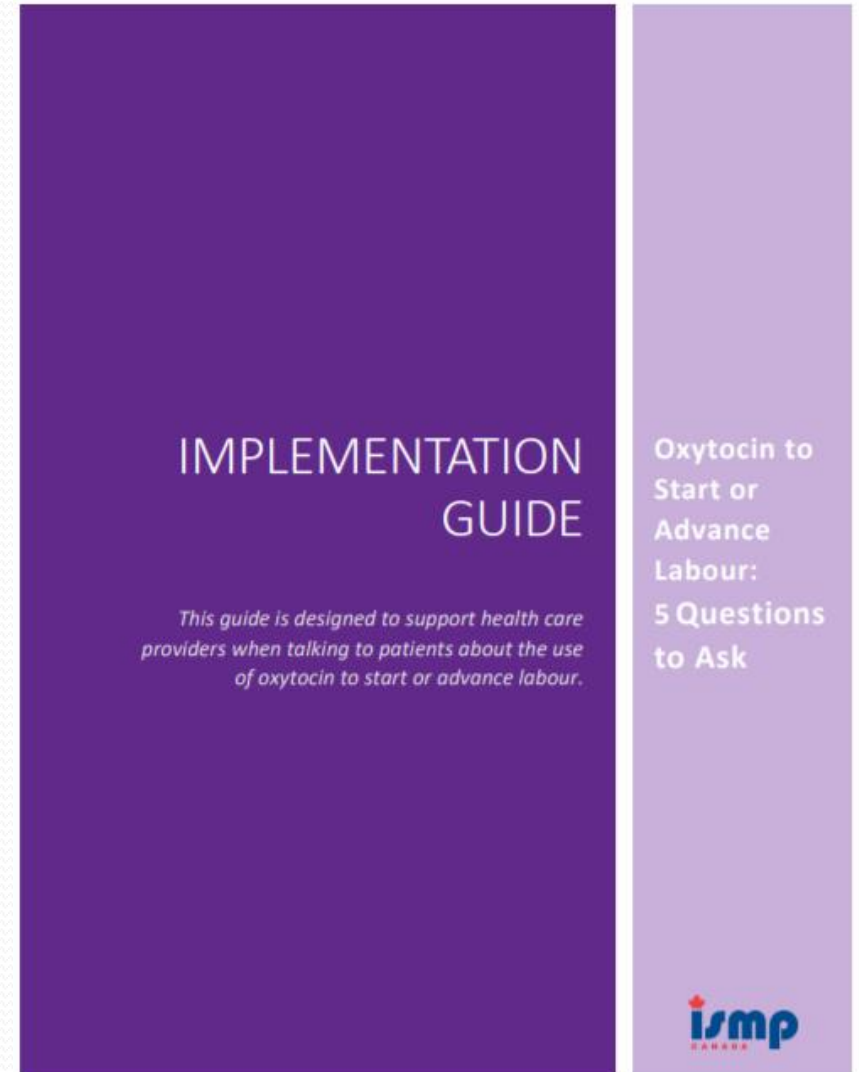
For more information about induction of labour visit:
www.pregnancyinfo.ca/birth/labour/induction/

Questions and Notes

¹ Source: Discharge Abstract Database/Hospital Morbidity Database, 2019–2020, Canadian Institute for Health Information (CIHI).

Implementation Guide

- This guide is designed to support healthcare providers when talking to patients about the use of oxytocin to start or advance labour



Results

- Results of pan-Canadian testing
- 100% of patients and over 70% of HCPs found this patient handout to be useful
- 73% of patients and 78% of HCPs found the handout easy to understand.
- Initial endorsement from 12 organizations and further dissemination is occurring nationally and internationally.

Final Thoughts

- Patients must be part of the care team
- Including Patients can improve patient safety
- Information tools can help

Medication Safety Tools for Patients

- 5 Moments for Medication Safety
 - <https://www.who.int/publications/i/item/WHO-HIS-SDS-2019.4>
- 5 Questions to Ask about Your Medications
 - <https://www.ismp-canada.org/medrec/5questions.htm>
- Oxytocin to Start or Advance Labour: 5 Questions to Ask and Implementation Guide
 - www.ismp-canada.org/oxytocinsafety