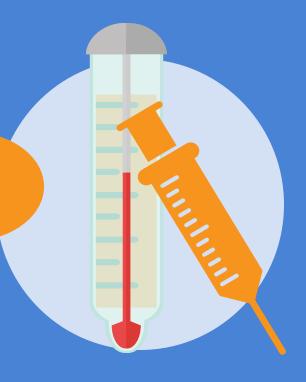
# 

To prevent life-threatening pregnancy complications



Postpartum haemorrhage (PPH) is commonly defined as a blood loss of at least 500 ml within 24 hours after birth, and affects about 5% of all women giving birth around the world.

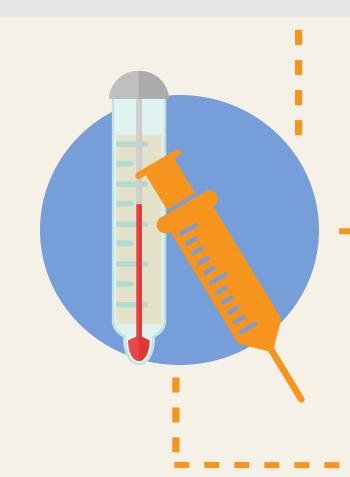


- Globally, nearly one quarter of all maternal deaths are associated with PPH, and in most low-income countries it is the main cause of maternal mortality.

The use of good quality prophylactic uterotonics can avoid the majority of PPH-associated complications during the third stage of labor (the time between the birth of the baby and complete expulsion of the placenta).

In settings where oxytocin is unavailable or its quality cannot be guaranteed, the use of other injectable uterotonics (carbetocin, or if appropriate ergometrine/methylergometrine, or oxytocin and ergometrine fixed-dose combination) or oral misoprostol is recommended for the prevention of PPH.

The use of carbetocin (100  $\mu$ g, IM/IV) is recommended for the prevention of PPH for all births in contexts where its cost is comparable to other effective uterotonics.



Carbetocin is only recommended for the prevention of postpartum hemorrhage and not recommended for other obstetric indications, such as labor induction, labor augmentation or treatment of PPH.



# OXYTOCIN

Synthetic cyclic peptide form of the naturally occurring posterior pituitary hormone. Binds to oxytocin receptors in the uterine myometrium, stimulating contraction of this uterine smooth muscle by increasing the sodium permeability of uterine myofibrils.





Long-acting synthetic analogue of oxytocin with agonist properties. Binds to oxytocin receptors in the uterine smooth muscle, resulting in rhythmic contractions, increased frequency of existing contractions, and increased uterine tone.

CARBETOCIN

### Pharmacokinetics

Intravenous (IV): Almost immediate action with peak concentration after 30 minutes.

Intramuscular (IM): slower onset of action, taking 3–7 minutes, but produces a longer lasting clinical effect of up to 1 hour.

Half-life: 1–6 minutes



Intravenous (IV): Sustained uterine contractions within 2 minutes, lasting for about 6 minutes, followed by rhythmic contractions for 60 minutes.

Intramuscular (IM): sustained uterine contractions lasting for about 11 minutes and rhythmic contractions for 120 minutes.

Half-life: 40 minutes

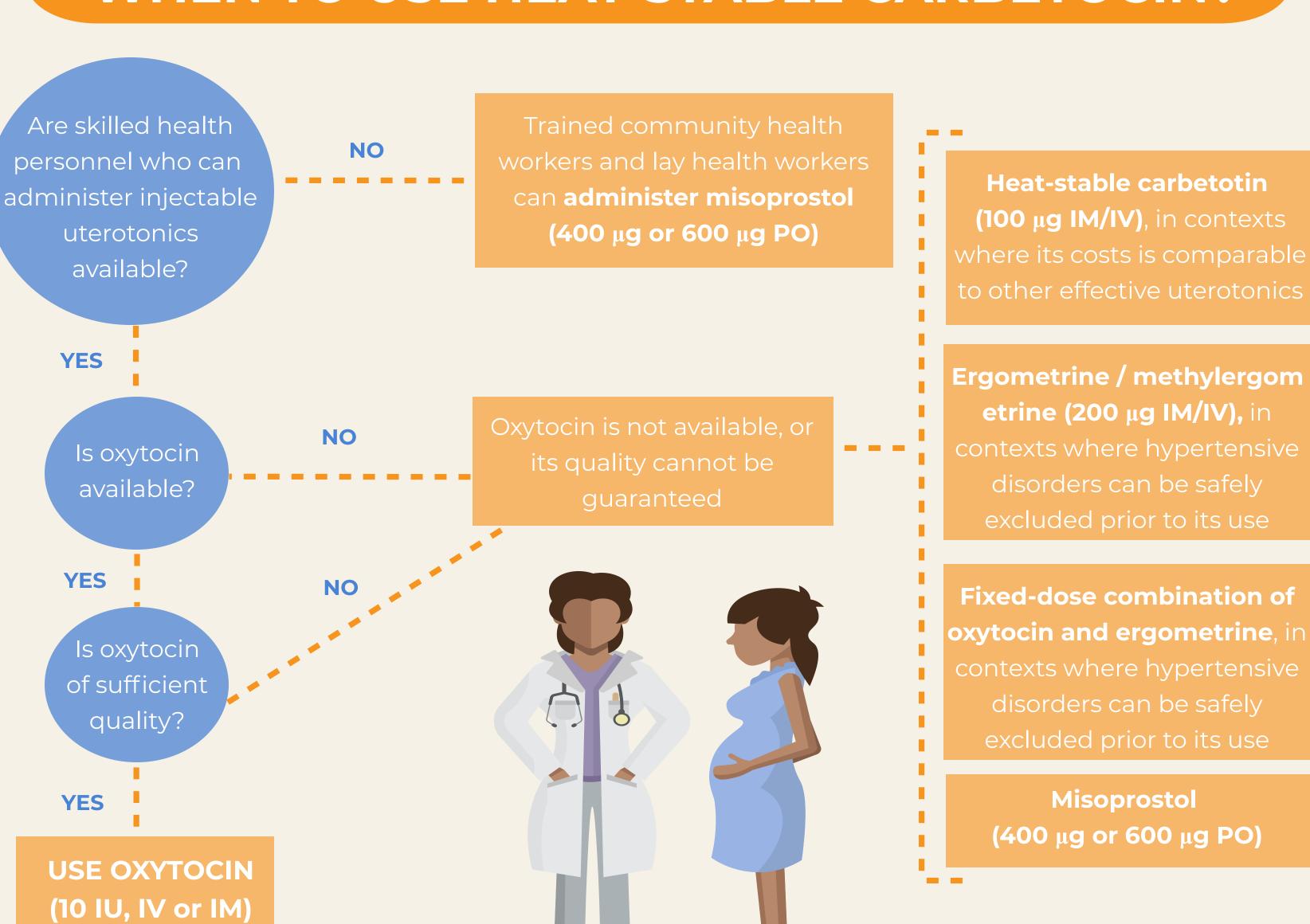
Storage & Transport

Oxytocin requires protection from light and needs to be transported and stored under refrigeration (2–8°C).



Heat-stable carbetocin does not need refrigeration. It can be used in settings where it is not feasible to transport or store oxytocin in the cold chain.

## WHEN TO USE HEAT-STABLE CARBETOCIN?



uterotonics during the third stage of labor will contribute to reducing inequities in maternal health globally and save lives.

How to improve access to heat-stable carbetocin? Encourage in-country

registration and inclusion of carbetocin in national guidelines.

Ensuring that women receive good quality and effective prophylaxis

MAKING MOTHERHOOD SAFER

