Tocolytic therapy

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Purpose of Presentation

- Non-availability of Hexoprenaline for tocolysis
- Questions about the role of nifedipine for tocolysis in preterm labour
Indications for tocolysis

- Preterm labour
- Facilitation of ECV for breech presentation at term
- Intrapartum resuscitation of the fetus in cases of fetal distress / hyperstimulation
- While awaiting Caesarean section when there is a risk of uterine rupture
- Cord prolapse
- Facilitation of reduction of acute postpartum uterine inversion
Preterm labour

• Nifedipine recommended by SASOG
• Evidence to support its use (Cochrane database) rather than Beta-agonists.
• No standard regimen
Nifedipine regimen in preterm labour

• DOH guidelines
• 20mg stat orally, add 10mg after 30 minutes if ineffective
• Thereafter 10mg 4hrly for a maximum of 24 hours
• Steroids must be given in the meantime
Need for a Beta-agonist for other indications

- Evidence to support use in fetal distress and for ECV. No evidence regarding other agents.
- Bolus iv dose recommended
- Salbutamol available: 0.5mg in 1ml
- Suggested dose: 0.2mg for fetal distress, cord prolapse, uterine inversion
- Suggest 0.1-0.2mg for ECV