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Guideline for the Use of Carbetocin in the Prevention of Postpartum Haemorrhage at Caesarean Birth and Trial of Assisted Vaginal birth in theatre

Specialty: Maternity Services
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1. Purpose

To provide guidance on the safe and effective use of carbetocin for the prevention of postpartum haemorrhage (PPH) following caesarean birth and to standardise practice across Swansea Bay University Health Board.

2. Background

Carbetocin is a long-acting oxytocin analogue licensed for the prevention of postpartum haemorrhage due to uterine atony following caesarean birth. Compared with oxytocin, carbetocin has been shown to reduce the need for additional uterotonic agents while maintaining uterine tone through a single-dose administration. It is recognised within NICE Intrapartum Care guidance and the All Wales Prevention and Management of Postpartum Haemorrhage Guideline as an alternative to oxytocin-based prophylaxis at caesarean birth. [[bnf.nice.org.uk](https://www.bnf.nice.org.uk)], [[who.int](https://www.who.int)]

3. Indications

Carbetocin may be used for the prevention of postpartum haemorrhage following:

- All Caesarean births – Elective and Emergency caesarean births.
- All trial of assisted vaginal birth in theatre

4. Dose and Administration

Standard Dose

- Carbetocin **100 micrograms intravenously**.
- Prefilled syringe available from pharmacy.
- Administer as a slow intravenous injection over approximately 1 minute.
- Administer only after birth of the baby and cord clamping.
- A single dose is usually sufficient.

Carbetocin should not be administered prior to birth of the baby.

5. Contraindications

Do not administer carbetocin in women with:

- Known hypersensitivity to carbetocin, oxytocin, or any product excipient.
- Pregnancy before delivery of the baby
- Use for induction of labour
- Use for augmentation of labour
- Epilepsy
- Significant hepatic disease
- Significant renal disease
- Serious cardiovascular disease

6. Precautions

Strictly monitor fluid balance in women with:

- Migraine
- Severe Asthma
- Pre-eclampsia
- Conditions associated with fluid overload
- Significant cardiac disease

Clinical judgement should be exercised and senior obstetric or anaesthetic review sought when necessary.

7. Monitoring Following Administration

Maternal observations following administration of carbetocin:

- Blood pressure
- Heart rate
- Respiratory rate
- Oxygen saturation
- Temperature as per routine postoperative protocol
- Uterine tone
- Ongoing vaginal bleeding
- Measured blood loss - contemporaneous.

Women should continue to receive routine OBS Cymru monitoring and standard post-caesarean care.

8. Common Side Effects

Commonly reported adverse effects include:

- Nausea
- Vomiting
- Headache
- Dizziness
- Flushing
- Abdominal pain
- Uterine cramping
- Tremor
- Pruritus
- Tachycardia
- Transient hypotension

Rare but Serious Adverse Effects

- Significant hypotension
- Chest pain
- Dyspnoea
- Severe allergic reaction/anaphylaxis

9. Management of Ongoing Bleeding Following Carbetocin

Administration of carbetocin does **not** replace the Swansea Bay / All Wales OBS Cymru PPH management pathway. When administered it only replaces bolus dose of oxytocin and oxytocin infusion.

If excessive bleeding continues following administration:

First-line measures

- Assess and manage according to the Four Ts (Tone, Tissue, Trauma, Thrombin)
- Uterine massage.
- Escalate according to PPH protocol
- Administer tranexamic acid as per OBS Cymru guideline

Additional uterotonics after Carbetocin

If uterine atony persists after carbetocin:

Additional prophylactic oxytocin should not routinely be administered within 4 hours of carbetocin administration.

1. Ergometrine 500 micrograms IM (or slow IV if appropriate and no contraindication)
2. Carboprost 250 micrograms IM, repeated at intervals of not less than 15 minutes to a maximum of 8 doses if required
3. Misoprostol 800 - 1000 micrograms rectally or sublingually according to All Wales PPH guidance
4. Escalate to surgical and interventional options as per OBS Cymru PPH pathway

10. References

1. NICE Intrapartum Care Guideline (2023). [[who.int](https://www.who.int)]
2. All Wales Prevention and Management of Postpartum Haemorrhage Guideline Version 4.0 (2025). [bnf.nice.org.uk]
3. NHS Borders Clinical Guideline: Carbetocin – First Line Uterotonic. [[who.int](https://www.who.int)]
4. FIGO Guidance on the Use of Heat-Stable Carbetocin

Maternity Services

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