**Oxytocin Special interest Group (OxytocinSIG)**

**Meeting Minutes**

**Date & Time:** Thursday, June 30, 2022 at 9 am EST

**Attendees:**

|  |  |  |
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| Present | Country | Name |
| X | Canada | Sally Pepper |
|  | Canada | Dorothy Tscheng |
| X | Canada | David U  |
|  | Canada | Alice Watt |
|  | Colombia | Ismael Basto Benitez |
|  | France | Etienne Schmitt |
|  | Germany | Günter Emons |
|  | Germany | Wolfgang Paulus |
| X | Germany | Birgit Vogt |
|  | Ireland | Peter Duddy |
| X | Netherlands | Thijs Ambagts |
|  | Qatar | Wessam Elkassem |
| X | Saudi Arabia | Hind Almodaimegh |
| X | Singapore | Cynthia Leow |
|  | United Kingdom | Donald Peebles |
|  | United Kingdom | Sascha Wells-Munro |
| X | USA | Mike Cohen |
| X | USA | Rita Jew |
|  | USA | Michelle Mandrack |
| X | USA | Chris Michalek |
| X | USA | Sunny Ro |
| X | Health Canada | Parag Buch |
| X | ISoP | Brian Edwards |
| X | UK NHS | Sharon Murrell |
|  | WHO | Alpana Mair |
|  | WHO | Fumihito Takanashi |
| X | WHO | Ayako Fukushima |

Guest: Federica Santoro

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| **Topic** | **Presenter** | **Discussion** | **Action Items** |
| Introduction | Rita Jew | Guest presenters were introduced  |  |
| Approval of May meeting minutes | Rita Jew | There were no edits or comments on the minutes | May meeting minutes approved  |
| WHO presentation | Federica Santoro Ayako Fukushima | Uppsala Monitoring Centre (UMC)Annual medicines safety campaign * Theme: how patients and healthcare professionals make safety work
* #medsafetyweek 7-13 November 2022

Vaccine safety and reporting campaign on and beyond social media has been successfulCampaign efforts started with EU efforts and expanded globally including all countries * Last year included 73 organizations, 67 countries, 38 languages = 85 million people reached on social media
* This year 78 medicines regulators and 8 other organizations included

Ayako – WHO will share content through WHO channelIs IMSN interested in joining?* Share posts on social media (UMC or other participating organizations)
* Custom materials or request custom materials
* Liaise with regulators in your country
* Get in touch at medsafetyweek@who-umc.org

David U asked for clarity on how IMSN will be involved* LinkedIn and other social media accounts
* Individual members could involve regulators in different countries

David U and Mike Cohen are in favor of joining | Federica will follow-up with David U and Mike Cohen |
| ISMP France presentation | Sunny Ro | ISMP Spain and France have experienced few oxytocin-related error reportsReviewed error reports received in France* Mix-ups with neuromuscular blocker suxamethonium at administration and dispensing stages
* Line mix-ups with peridural anesthetic

Shared results and implications of the French National Perinatal Surveys.* Labor induction or augmentation using high-dose oxytocin:
* Among women in **spontaneous labor or with labor induction**, there was a significant decrease in the use of oxytocin, from 64.1% of women involved in 2010 to 52.5% in 2016
* Among women in **spontaneous labor**, these rates decreased from 57.6% in 2010 to 44.3% in 2016
* Prevention of postpartum hemorrhage using low-dose oxytocin:
* Prophylactic oxytocin administration to prevent postpartum hemorrhage (PPH) increased from 83.3% in 2010 to 92.7% in 2016

Question: Are international comparisons available? If so, they should introduce the presentation of the IMSN recommendations for a safer use of oxytocin The patient safety risks do not appear to be the same depending on the indication* Labor induction or augmentation at high doses by obstetrician and midwives vs.
* Prevention of postpartum hemorrhage at lose doses by anesthesiologists

The IMSN recommendations for a safer use of oxytocin should distinguish between these indications, adding to safe practices proposals a call for the avoidance of exposing parturients to those with the least evidence | None |
| Discussion | Birgit Vogt | Germany* Birgit will investigate and update the group in the future
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| Thijs Ambagts | The Netherlands* VMI receives 20,000 incidents per year on a voluntary basis
* Publish lessons to create awareness
* Oxytocin - Majority involves a lack of a sign-out procedure
* Very little data on oxytocin-related error leading to patient harm

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| Hind Modaimegh | Saudi Arabia* Data will be shared at next meeting
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| Cythia Leow | Singapore* Local preliminary data at one hospital
* Not many oxytocin-related errors
* Used for various indications
* Regimens may vary by practitioner
* More info to be shared in the future
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| Brian Edwards | ISoP* Agree with indication distinction
* What is defined as medication error throughout the process (e.g., checking out process)
* Need to define how to categorize the error. Varied range of use and interpretation, e.g., rate of infusion or what is the correct use of oxytocin
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|  | Sharon Murrell | NHS England* Will be issuing a patient safety alert on postpartum oxytocin hemorrhage
* Data will be shared in the future
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| Next steps | Rita Jew | David suggested to start discussing interventions and prevention recommendations over the next meetingsMay reconvene in August IMSN annual meeting will be virtual in 2022 | Presentations by Saudi Arabia and Singapore and possibly Sharon Murrell |
| Respectfully submitted: Sunny Ro & Rita Jew |