

Carbetocin versus oxytocin combined with misoprostol for prevention of postpartum hemorrhage in patients with severe pre-eclampsia: A randomized control trial

Abstract

Background: Oxytocin is a uterotonic medication that promotes increased uterine tone and contractions, and is commonly administered immediately following delivery of the infant's shoulder as part of AMTSL. An alternative to oxytocin is misoprostol (Cytotec), an inexpensive medication that does not require injection and is more effective than placebo in preventing postpartum hemorrhage. Carbetocin is a long-acting synthetic analogue of oxytocin that can be administered as a single dose injection in the route of intravenous or intramuscular.

Aim of work: To compare the effectiveness of carbetocin alone versus oxytocin combined with misoprostol in prevention of postpartum hemorrhage in patients with severe pre-eclampsia.

Patients and methods: The study comprised 124 women with severe pre-eclampsia who underwent elective caesarean section, during the period from first of April 2020 to the end March 2021.

Results: There was no statistically significant difference found between two groups regarding need for additional uterotonic, need for blood transfusion, need for instrumental currtage, oliguria and length of hospital stay, and there was statistically significant difference found between two groups regarding Hb difference, and there was highly statistically significant difference found between two groups regarding post partum Hb level. There was no statistically significant difference found between two groups regarding palpitation, fever, nausea, vomiting, hot sensation, fascial flushing and malaise, and there was statistically significant difference found between two groups regarding headache.

Conclusion: Carbetocin is superior than oxytocin combined with misoprostol in the prevention of postpartum hemorrhage in patients with severe pre-eclampsia recived magnesium sulfate to prevention of eclamptic fits