CARBETOCIN

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 1% of all women giving birth around the world.

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 involution of the placenta).

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

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

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

HOW TO USE HEAT-STABLE CARBETOCIN?

Ensuring that women receive good quality and effective prophylactic 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.

OXYTOCIN vs CARBETOCIN

Mode of Action: Long-acting synthetic analogue of oxytocin with agonist properties. Bonds to oxytocin receptors in the uterine myometrium, stimulating contraction of the uterine smooth muscle by increasing the sodium permeability of uterine myocytes.

Pharmacokinetics:
- Intravenous (IV): Almost immediate action with peak concentration after 2-3 minutes.
- Intramuscular (IM): Slower onset of action, taking 3-7 minutes, but produces larger lasting clinical effect of up to 1 hour.
- Half-life: 1-6 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?

- When oxytocin is not available or its quality cannot be guaranteed.
- When oxytocin is not available but its use is contraindicated.
- When oxytocin is not available but its use is contraindicated and misoprostol is not available.

- When oxytocin is not available but its use is contraindicated and misoprostol is not available.

- Fixed-dose combination of oxytocin and ergometrine may be an option when uterine hyperstimulation disorders can be safely excluded prior to its use.

- Ergometrine / methyl ergonovine more (50 μg IM) or ergometrine / methylergonovine more (50 μg IM) may be an option when uterine hyperstimulation disorders can be safely excluded prior to its use.

- Heat-stable carbetocin is not available for contexts where its cost is comparable to other effective uterotonics.