



Smiles for
Mothers

FAQs on Heat-stable Carbetocin (HSC)

Frequently Asked Questions

• April 2025

FAQs

1. IS HSC AS EFFECTIVE AS OXYTOCIN IN PPH PREVENTION?

Yes, HSC is a highly effective uterotonic.

- The WHO recommendations on uterotonic use in 2018 found HSC to have better results than oxytocin in several key parameters and similar results with the oxytocin+misoprostol combination, though, with less side effects.
- HSC when administered IV has a half-life of approximately 40 mins, around 4–10 times longer than that reported for oxytocin^{3,4}.

2. IS HSC NOW RECOMMENDED FOR THE TREATMENT OF PPH?

No, the WHO recommends Heat-Stable Carbetocin for PPH prevention, but it is not yet approved for PPH treatment. Its use for treatment is still under evaluation, with findings expected in 2026⁷.

3. SINCE OXYTOCIN IS USED FOR LABOR INDUCTION AND AUGMENTATION, DOES IT INTERACT WITH HSC WHEN ADMINISTERED FOR PPH PREVENTION?

No, there is no evidence of interaction between oxytocin and HSC. Oxytocin has a short half-life (1–6 minutes) and is rapidly cleared, by the time HSC is administered postpartum, any residual oxytocin is minimal, further reducing the likelihood of any significant interaction¹.

4. DOES HSC NEED TO BE ADMINISTERED WITH OTHER UTEROTONICS?

No, studies show HSC is as effective as the oxytocin/misoprostol combination when used alone. There is no evidence supporting its combined use with other uterotonics, and doing so may unnecessarily increase treatment costs⁴.

5. SHOULD HSC BE USED ONLY FOR HIGH-RISK PREGNANCIES AND CAESAREAN DELIVERIES?

No, the use of HSC (100 mcg IV/IM) is recommended for all births including high-risk pregnancies, and caesarean deliveries as recommended by WHO to prevent PPH, especially in settings where its cost is comparable to other effective uterotonics³.



6. CAN HEAT-STABLE CARBETOCIN BE USED FOR THE INDUCTION OF LABOUR?

No, HSC should not be used during pregnancy or for labor induction or augmentation, as it is contraindicated. This is due to its prolonged action which can cause sustained uterine contractions, increasing the risk of fetal distress¹.

7. WHY SHOULD HSC BE USED WHEN IT IS MORE EXPENSIVE THAN OXYTOCIN?

A cost-effectiveness analysis shows that overall care is cheaper with HSC, as it eliminates costs related to cold chain maintenance, use of additional uterotonics, and management of misoprostol-related side effects²

- Carbetocin has similar benefits to oxytocin but is likely more effective, reducing PPH (≥ 500 ml) by 41 cases, and average blood loss by 81ML⁵.

8. IS THE POTENCY OF HSC AFFECTED WHERE COLD CHAIN FACILITIES ARE NOT AVAILABLE OR INADEQUATE?

No, heat-stable carbetocin offers a significant advantage over oxytocin and ergometrine, as it does not require cold chain storage.

- Unlike other uterotonics, HSC can be stored at room temperature, maintaining its potency and efficacy for at least three years at 30°C and up to six months at 40°C⁸.

9. IS FERRING CARBETOCIN AS EFFECTIVE AS PABAL AND WHAT CRITERIA DID WHO CONSIDER IN RECOMMENDING IT FOR THE PREVENTION OF PPH?

Yes. Ferring Carbetocin and Pabal are manufactured by Ferring pharmaceuticals., contain the same active ingredient and are equally effective.

- Ferring Carbetocin was recommended under an agreement between WHO, Ferring pharmaceuticals and MSD for mothers to subsidize its cost for LMICs to improve its access and affordability⁶.

10. WHAT IS THE CURRENT PRICE OF HSC?

The cost price is (\$0.75), based on markup and exchange rate it retails between ₦1,600- ₦1700 per ampoule as of March 2025.



References

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