

Clinical Guideline for: Antacid Prophylaxis for Obstetric Anaesthesia

For Use in:	All Maternity areas
By:	Medical and Midwifery Staff
For:	Patients
Division responsible for document:	Women and Children's Services
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Compliance links: <i>(is there any NICE related to guidance)</i>	NICE Clinical Guideline: Intrapartum Care – care of healthy women and their babies during childbirth. RCOG Press; September 2007
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

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3.2	24/09/2021	Replacement of Ranitidine with Omeprazole	Jon Francis

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Background

Pulmonary aspiration of gastric contents is a significant cause of death accompanying anaesthesia in obstetric practice. The incidence of Mendelson's syndrome is reduced by antacid prophylaxis for women having an emergency or elective operative delivery.

To reduce the risk of aspiration pneumonitis, national guidelines recommend that women having a CS (or at high risk of having a CS) should be offered antacid drugs to reduce gastric volumes and acidity.

Patients having an elective caesarean section under regional anaesthesia or general anaesthesia. These patients should be prescribed 40mg Omeprazole at 10pm the night before their CS and a further 40mg Omeprazole at 6am on the morning of surgery.

Patients in labour with a high risk of needing a general anaesthetic.

Patients meeting the following criteria should be given 40mg Omeprazole 12 hourly by mouth:

- Suspected fetal compromise – e.g. Abnormal CTG or FBS, fresh meconium
- Known/suspected placental insufficiency
- Slow progress in labour
- Previous uterine scar
- Multiple pregnancy
- Breech presentation
- People with diabetes
- Pregnancy induced hypertension/PET
- Induction of labour with oxytocin
- Known anaesthetic problem

In addition M/3 sodium citrate 30mL should be given in the anaesthetic room to any woman who is going to have a general anaesthetic.

If a woman in labour has not had oral omeprazole please consult with the on-call anaesthetist

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References

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