Antacid Prophylaxis for Obstetric Anaesthesia

Document Control:

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	NNUH		
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Version History:

Version	Date	Author	Reason/Change
V3.2	24/09/2021	Jon Francis	Replacement of Ranitidine with Omeprazole
V4.0	November 2024	Jon Francis	New template only

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:

- Consultant Obstetric Anaesthetist
- Pre-op team ANC
- Maternity Guidelines Committee

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is clinical guideline applicable to NNUH please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

Inclusivity

Within this document we use the terms pregnant women, her/she. However, it is important to acknowledge that it is not only people who identify as women for whom it is necessary to access care. Maternity services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender does not align with the sex they were assigned at birth.

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1. Introduction

1.1. Rationale

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.

1.2. Objective

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

1.3. Scope

This document refers to all pregnant women undergoing surgery beyond 18 weeks gestation.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
PET	Pre-eclampsia
CTG	Cardiotocograph
FBS	Fetal Blood Sample
CS	Caesarean Section

2. Responsibilities

All midwifery, obstetric and anaesthetic staff working in Maternity need to remain up to date with the contents of this document.

3. Processes to be followed

3.1. 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.

3.2. 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

4. References

1. Gillett GB, Watson JD, Langford RM. Ranitidine and single-dose antacid therapy as a prophylaxis against acid aspiration syndrome in obstetric practice. Anaesthesia 1984;39:638-644
2. National Collaborating Centre for Women's and Children's Health. Caesarean section. Clinical Guideline. London: RCOG Press; 2004.
3. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer – 2003-2005.The 7th report of the Confidential Enquiries into Maternal Deaths in the UK. RCOG Press, London, December 2007.
4. Sweeney B. and Wright I. The use of antacids as a prophylaxis against Mendelson's syndrome in the United Kingdom. A survey. Anaesthesia 1986;41:419-422
5. NICE Clinical Guideline: Intrapartum Care – care of healthy women and their babies during childbirth. RCOG Press; September 2007

5. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Aspiration during obstetric anaesthesia should be reported via Datix and a case review undertaken	Datix	Anaesthetic Governance	Anaesthetic Governance	Case by Case

When learning occurs from case reviews this should be shared at relevant governance meetings (Maternity and Anaesthetic Governance) to enable recommendations for further action. Governance teams will ensure that the actions and recommendations are suitable and sufficient.

6. Equality Impact Assessment (EIA)

Type of function or policy	Existing Guideline

Division	Womens & Childrens	**Department**	Maternity
Name of person completing form	V Maxey	**Date**	14/11/24

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	No	No	No	No
Pregnancy & Maternity	No	Standardises care for all pregnant persons	No	No
Disability	No	No	No	No
Religion and beliefs	No	No	No	No
Sex	No	No	No	No
Gender reassignment	No	No	No	No
Sexual Orientation	No	No	No	No
Age	No	No	No	No
Marriage & Civil Partnership	No	No	No	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?	No impact			

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.