Antacid Prophylaxis in Obstetrics using Omeprazole

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Key Amendments

Date	Amendment	Approved by
6th Dec 2019	Changes to document regarding withdrawal of most ranitidine formulation	MSC

Introduction

Every mother in the 3rd trimester should be considered at risk of aspiration, hence significant morbidity or mortality, should their laryngeal reflexes be reduced by, for example, general anaesthesia. This risk can be minimised by the use of appropriate antacid prophylaxis around the time of delivery. All women who present a high risk of anaesthetic intervention in the peripartum period, or are undergoing an elective caesarean section, should be prescribed appropriate antacid prophylaxis.
Omeprazole decreases gastric acid secretion and may decrease gastric fluid volume. However, it does not affect the pH of fluid already in the stomach; it must therefore be given some time before anaesthesia. Sodium citrate is used just prior to induction of anaesthesia to neutralise the stomach contents and as it is a non-particulate antacid it is thought to be less toxic to the lung should it be aspirated.

Patient groups:

1. Low risk

2. High risk:

- Previous caesarean section/VBAC (Vaginal birth after caesarean section)
- Multiple pregnancy
- Breech
- Preterm labour
- Previous postpartum haemorrhage
- PIH/PET
- Diabetes
- Malposition
- Slow progress/Induction
- FBS
- Medical diseases e.g. Obstetric cholestasis, eclampsia, heart disease
- Raised BMI

REMEMBER:

- **Use of omeprazole for antacid prophylaxis prior to surgery is "Off Label".**
- **IV Omeprazole must be given as an infusion over 20-30 minutes.**

Treatment:
In labour:
Low risk: No specific treatment
High risk: Omeprazole 20mg orally12 hourly
If NBM:

Omeprazole 40mg IV *Infusion every 24 hours*
Reconstitute the 40mg vial with 5mL of sodium chloride 0.9% taken from a 100mL bag.
Draw reconstituted solution into syringe and add to the infusion bag. Repeat the above steps by removing 5mL from infusion bag, adding to vial, and then adding to the infusion bag. This is to ensure the full dose is administered.
Infuse over 20-30 minutes

Operative delivery/Instrumental/ ERPOC/Tear repair:
If oral omeprazole has been given in the previous 12 hours
Consider sodium citrate 0.3 molar 30ml orally prior to procedure if GA planned
If no omeprazole orally within previous 12 hours or IV within the last 24 hours:

Emergency (Grade 1) < 30 minutes to delivery:
Omeprazole 40mg I.V. infusion over 20-30 minutes
Consider sodium citrate 0.3 molar 30ml orally immediately prior to procedure

Urgent (Grade 2) 30-75 mins to delivery:
Omeprazole 40mg I.V. infusion over 20-30 minutes. This should ideally be given 45-60 minutes prior to procedure.
However, it can be given closer if necessary.
Consider sodium citrate 0.3 molar 30ml orally immediately prior to induction (If GA planned)

Semi-elective (Grade 3) 6 hrs to delivery:
Omeprazole 20mg orally 2 hours pre-delivery
Consider sodium citrate 0.3 molar 30ml orally immediately prior to induction (If GA planned)

Elective (Grade 4):
Omeprazole 20mg orally night before CS.
Omeprazole 20mg orally at 7am on day of CS