Worcestershire Acute Hospitals NHS Trust

Antacid Prophylaxis in Obstetrics using omeprazole

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

This guideline is for use by the following staff groups :

Lead Clinician(s)

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Approved by Maternity Governance Meeting on:	19th May 2023
Approved by Medicines Safety Committee on: *Where medicines included in guideline*	Na – no medication changes
Review Date: This is the most current document and should be used until a revised version is in place	19th May 2026

Key amendments to this guideline

Date	Amendment	Approved by:
May 2023	Guideline Review and High Risk Patient groups amended to include Opioid use.	Maternity Governance Group

Introduction

Every mother in the 3rd trimester should be considered at risk of aspiration of residual stomach contents should their laryngeal reflexes be obtunded by, for example, general anaesthesia. This risk can be reduced 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. The antisecretory effect will usually begin within an hour, with peak effect within 2 hours; it must therefore be given some time before anaesthesia.

Omeprazole does not affect the pH of fluid already in the stomach and so Sodium citrate can be administered orally just prior to induction of anaesthesia to neutralise the stomach contents. It is a non-particulate antacid and so thought to be less toxic to the lung should it be aspirated.

Patient groups:

1. **High risk**:

- Patient received opioids in the last 4 hours (Pethidine or Remifentanil PCA)
- 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

2. **Low risk**

- Everyone else

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 orally 12 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 (Category 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 (Category 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 (Category 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 (Category 4):
Omeprazole 20mg orally night before CS.
Omeprazole 20mg orally at 7am on day of CS