

Guideline for Antacid Prophylaxis for Maternity Patients

Introduction

Obstetric patients are at increased risk of regurgitation and aspiration of gastric contents during anaesthesia compared to the non-pregnant population. By reducing the volume and raising the pH of gastric contents the possibility and severity of aspiration are minimised. The appropriate antacid prophylaxis depends on the potential anaesthetic input required.

Active labour

All patients in active labour should be given 40mg oral omeprazole 12 hourly until delivery of the placenta or 3 doses have been given.

A 20mg dose takes about 3-4 h (in healthy adult males) for pH to rise above 4 but is maintained above 3 for around 12h.

Elective Operative Procedure (including caesarean section)

Omeprazole 20mg orally at 2200 hours the night before surgery.

Omeprazole 20mg orally at 0600 hours on the morning of surgery

Emergency/Urgent Procedure in Theatre (including caesarean section)

General or Regional Anaesthesia

Omeprazole 40mg iv diluted into 100ml 5% glucose or 100ml 0.9% NaCl and administered over AT LEAST 20minutes unless oral omeprazole has been given within 12 hours.

IV omeprazole takes at least 20minutes to infuse and thus does not affect existing stomach secretions therefore:

Also administer Sodium Citrate 30mls 0.3M no more than 30minutes before induction of anaesthesia

IF THERE ARE ANY QUERIES REGARDING ANY PATIENT'S ANTACID PROPHYLAXIS, PLEASE CONTACT THE ON CALL ANAESTHETIST (PAGE 134).

REFERENCES

1. Acid aspiration prophylaxis in labour: a survey of UK Obstetric Units.
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4. Comparison of the effect of a single dose of omeprazole or lansoprazole on intragastric pH in Japanese participants: A two-way crossover study. Funaki Journal of the Chinese Medical Association. Volume 76, Issue 3, March 2013, Pages 131-134

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