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Updating arrangements for the formulary should be decided upon and implemented at a local level.

Introduction to management of Anaphylaxis

Anaphylaxis in pregnancy or labour is uncommon and one would need to ensure the woman has life threatening features of anaphylaxis before giving IM adrenaline.

The Resuscitation Council notes that 'In the presence of life threatening ABCDE problems IM adrenaline would be a life saving intervention, ie benefits outweigh risks. In these circumstances, one would need to ensure expert help is coming as soon as possible. A pregnant patient would need urgent obstetric help.'

Always have appropriate drug, adrenaline (epinephrine) 1 in 1000, readily to hand when giving any medicine with a higher risk of anaphylaxis. Ensure that it is within 'use by' date as it has a short shelf-life.
Resuscitation facilities must always be available for injections associated with special risk.

Recognition

Clinical signs and diagnosis of anaphylaxis is based on

- Development of a unexpected illness which may be sudden (within minutes of exposure)
- Having rapidly developing blotchy skin with advancing oedema with life threatening airway and or breathing and or circulation problems.
- Known exposure to a trigger (allergen) – this is no longer emphasised and anaphylactoid reactions are treated the same without obvious allergen.

Life threatening Airway and/or Breathing and/or Circulation problems

Patients can have either an A or B or C problem or any combination.
Use the ABCDE approach to recognise these.

Airway

swelling, hoarseness, stridor

Breathing

shortness of breath - increased respiratory rate, wheeze, fatigue, confusion caused by hypoxia, cyanosis (this is usually a late sign), respiratory arrest

Circulation

pale, clammy, tachycardia, hypotensive, faint/drowsy/coma, Anaphylaxis can cause myocardial ischaemia and electrocardiograph (ECG) changes even in individuals with normal coronary arteries, cardiac arrest

Disability

the above ABC problems can alter the patient's neurological status (**Disability** problems) because of decreased brain perfusion - there may be confusion, agitation and loss of consciousness
Patients can often have gastro-intestinal symptoms (abdominal pain, incontinence, vomiting).

Exposure

Skin and/or mucosal changes should be assessed as part of the Exposure when using the ABCDE approach.

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Management

- Telephone cardiac arrest number 2222 or dial 999 and seek help
- Follow local anaphylaxis guidelines
- Report reaction to obstetric consultant and complete Yellow Card to alert MHRA

Some women carry a supply of adrenaline for emergency use eg epipen. This should be used rather than having a delay.

Monograph on medicine for management of Anaphylaxis

Adrenaline 1 in 1000 – Midwives Exemption

References

1. Resuscitation Council (UK)
www.resus.org.uk/.../infoMain.htm