

South Australian Perinatal Practice Guideline

Anaphylaxis (maternal)

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of Perinatal Practice Guideline (PPG)

This guideline provides information for medical practitioners, midwives and nurses providing first responder emergency care for acute management of maternal anaphylaxis.



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Abbreviations

ASCIA	Australasian Society of Clinical Immunology and Allergy
GP	General Practitioner
kg	Kilograms
mg	milligrams
SAAS	South Australian Ambulance Service
+/-	Plus or minus
>	Greater than



Introduction

The Australasian Society of Clinical Immunology and Allergy (ASCI) guideline for the *Acute Management of Anaphylaxis*¹ is intended for medical practitioners, midwives and nurses providing first responder emergency care. The appendix includes additional information for advanced acute management of anaphylaxis.

The guideline is relevant for the management of maternal anaphylaxis in South Australia and has therefore been endorsed as the SA Health Perinatal Practice Guideline for Maternal Anaphylaxis.

Please access the guideline using the following link:

https://www.allergy.org.au/images/stories/pospapers/ASCI_Guidelines_Acute_Management_Anaphylaxis_2019.pdf

Note:

Pregnant women should be in left lateral when lying flat.¹

If in hospital setting, activate local emergency procedures in the presence of maternal anaphylaxis.

The standard initial adrenaline dose for pregnant women > 50 kg is 300micrograms¹.

Pregnant women experiencing anaphylaxis need to be treated without delay and there are no absolute contraindications to adrenaline use in anaphylaxis. If clinical judgement deems that there is a risk of maternal death or foetal compromise due to inadequately treated anaphylaxis, then in pregnant women weighing > 50 kg, consider giving adrenaline 500micrograms IM.^{1(p2)}

It is important for staff to read the headings in the ASCIA guideline appendix carefully as it describes two (2) different dilutions for adrenaline infusion based on location:

- “pre-hospital setting” – for use by SAAS or GP clinics where infusion pumps may not be available
- “emergency departments and tertiary hospitals” – a more concentrated dilution for use with infusion pumps

Additional Information

Admission criteria

Severe reaction with hypotension or hypoxia or need for adrenaline infusion

Bronchospasm in context of poorly controlled asthma

Systemic clinical features unresolved after 8 hours

Women with a past history of protracted / biphasic anaphylaxis

Emergency Caesarean Section

Birth via emergency caesarean section should be considered early in cases of persistent maternal hemodynamic instability despite resuscitation.

Since a stable maternal hemodynamic status during anaphylaxis does not guarantee appropriate placental perfusion and fetal oxygenation, normal fetal heart rate variability provides reassurance about fetal status. Persistent signs of fetal compromise, despite aggressive medical management are an indication for emergency birth



Discharge

Consider consulting Allergy Clinical Team (Allergy Clinical Nurse available at Flinders Medical Centre and the Royal Adelaide Hospital in-hours)

Refer to an Anaphylaxis Rapid Review Clinic for follow-up (FMC, RAH)

Provide individualised allergen avoidance advice

Anaphylaxis action plan +/- EpiPen including patient education and demonstration in usage

If there is ongoing angioedema or urticaria consider oral prednisolone 25-50mg daily for 2 days

Ensure case note alert is present in the woman's medical records



Reference

1. Australasian Society of Clinical Immunology and Allergy (ASCIA). Acute Management of Anaphylaxis guideline, August 2019. Available from URL: https://www.allergy.org.au/images/stories/pospapers/ASCIA_Guidelines_Acute_Management_Anaphylaxis_2019.pdf



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