Penicillin Allergy De-Labelling Clinic in Obstetrics: Taking On Barriers to Care

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AIM

To create a clinic for systematically offering Penicillin allergy testing services for Pregnant women

STUDY

N=60 women have been seen and tested. **100% have had their allergy De-labelled**

OUTCOME

Patient Characteristics
- Parity
  - G1 48%
  - G2 52%

Labour and Delivery Complete
- n=28
  - GBS positive 32% (9/28)
  - Elective CS 20%
  - Emergency CS 28%

**9/9 Women who required Penicillin during delivery received Penicillin**

INTERVENTION

A Penicillin Allergy De-Labelling clinic was created as a pilot to provide access to allergy testing services for pregnant women. This was part of an education campaign about the harm of inappropriate allergy labels during childbirth.

METHODS

Referral to Clinic from Obstetrical Care Providers
- Pregnant and less than 36 weeks gestation
- Registered for delivery at BC Women's Hospital
- History of allergy or reaction to Penicillin

Women were seen assessed by a multidisciplinary team consisting of
- Booking clerk
- LPN
- RN
- Obstetrician
- Allergist
- Pharmacist
- Research Coordinator

Women were either De-labeled based on history, skin testing or oral challenge

DISCUSSION and CONCLUSIONS

Penicillin allergy testing is safe in pregnancy, results in direct improvement in intrapartum care and provides a key opportunity to provide allergy testing services

LESSONS LEARNED

Further work is required on the management of the 'sticky label' which still persisted in charts despite testing being performed.

RESOURCES

http://policyandorders.cw.bc.ca/

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