

PLAN

BACKGROUND

Penicillin allergies are reported in 10% of the obstetric population. When evaluated, 90% of these patients can safely receive penicillin. During labour and delivery over 60% of women will receive a beta lactam antibiotic for which an alternative with less safety data in pregnancy will be chosen if a Penicillin allergy is present. Withholding penicillin also results in the use of broad spectrum antibiotics leading to increased rates of adverse drug reactions, resistance, cost, C. difficile infection, longer hospital stays and caesarean section (CS) surgical site infections. Finally, the influence on the neonate is unknown.

INTERVENTION

A Penicillin Allergy De-Labeling 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.

DO

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
- Pharmacists
- Research Coordinator

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

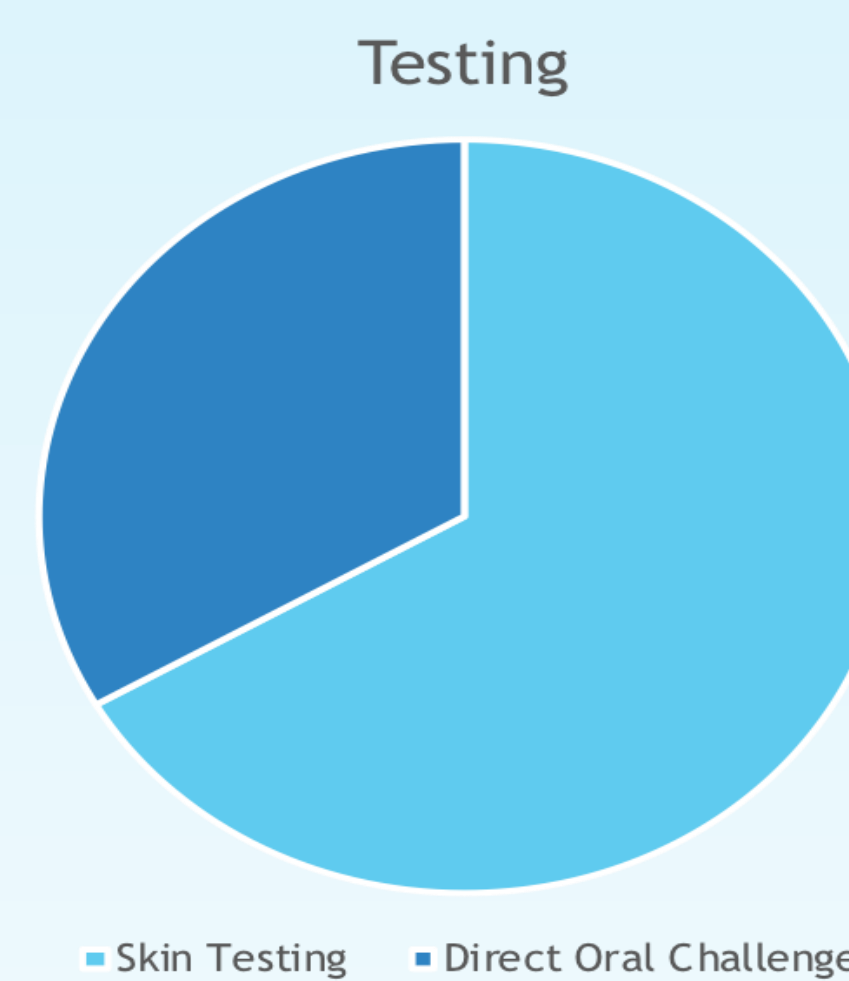
AIM

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

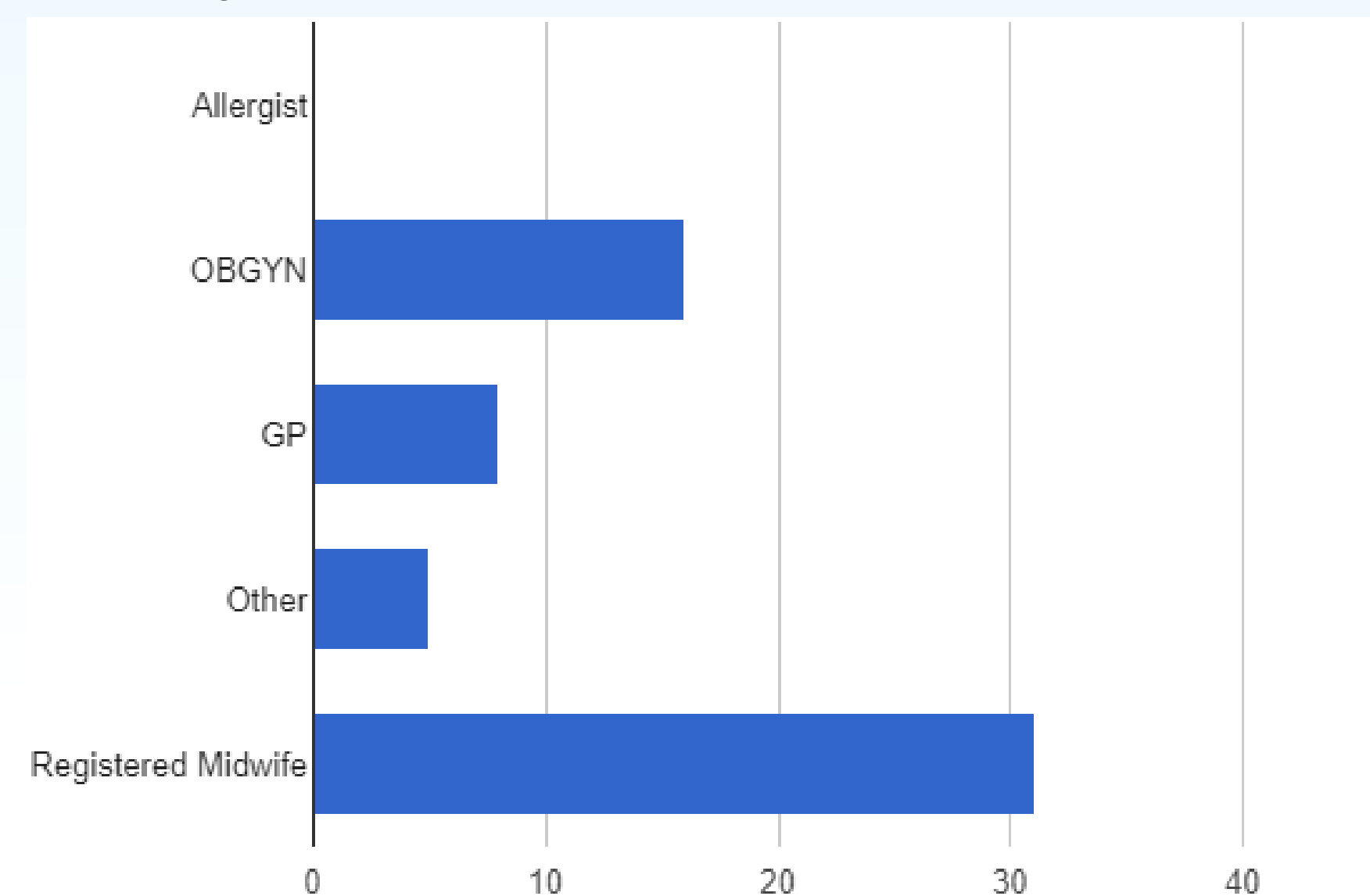
STUDY

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

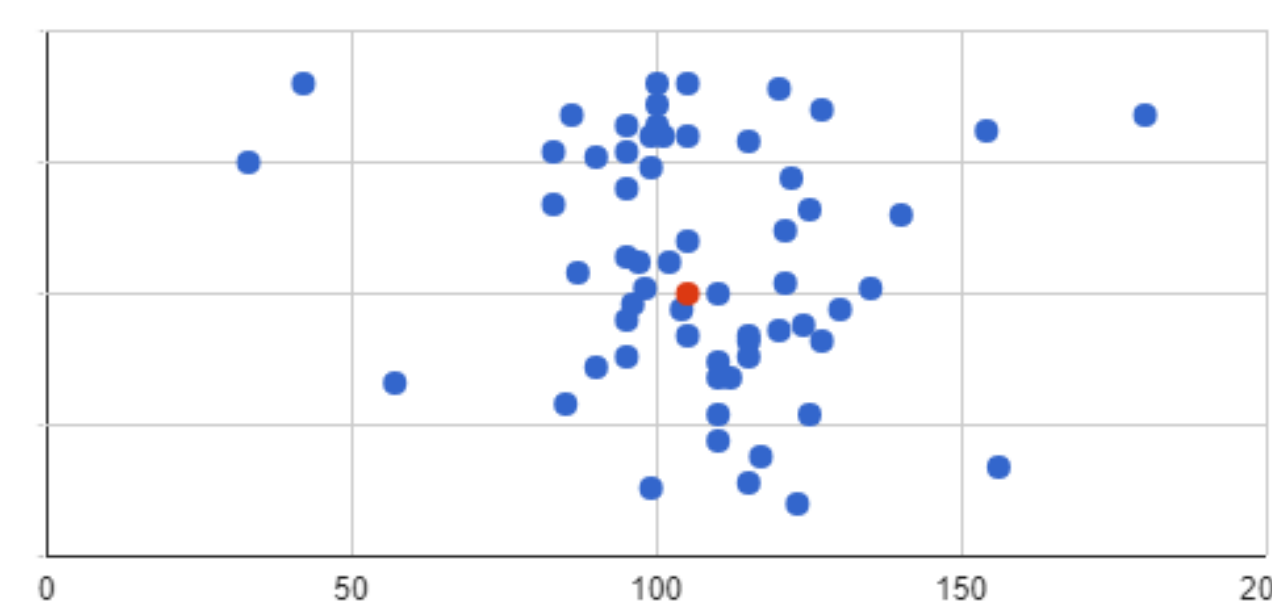
CLINIC UTILIZATION DATA



Referring Provider



Time in Clinic for Patients



Time per provider

- RN: 33.7min,
- Allergist: 9 min,
- OB 6.1 min,
- Pharmacist: 8.8min

OUTCOME

Patient Characteristics

Parity

G1 48%

G2 52%

Labour and Delivery Complete

n=28

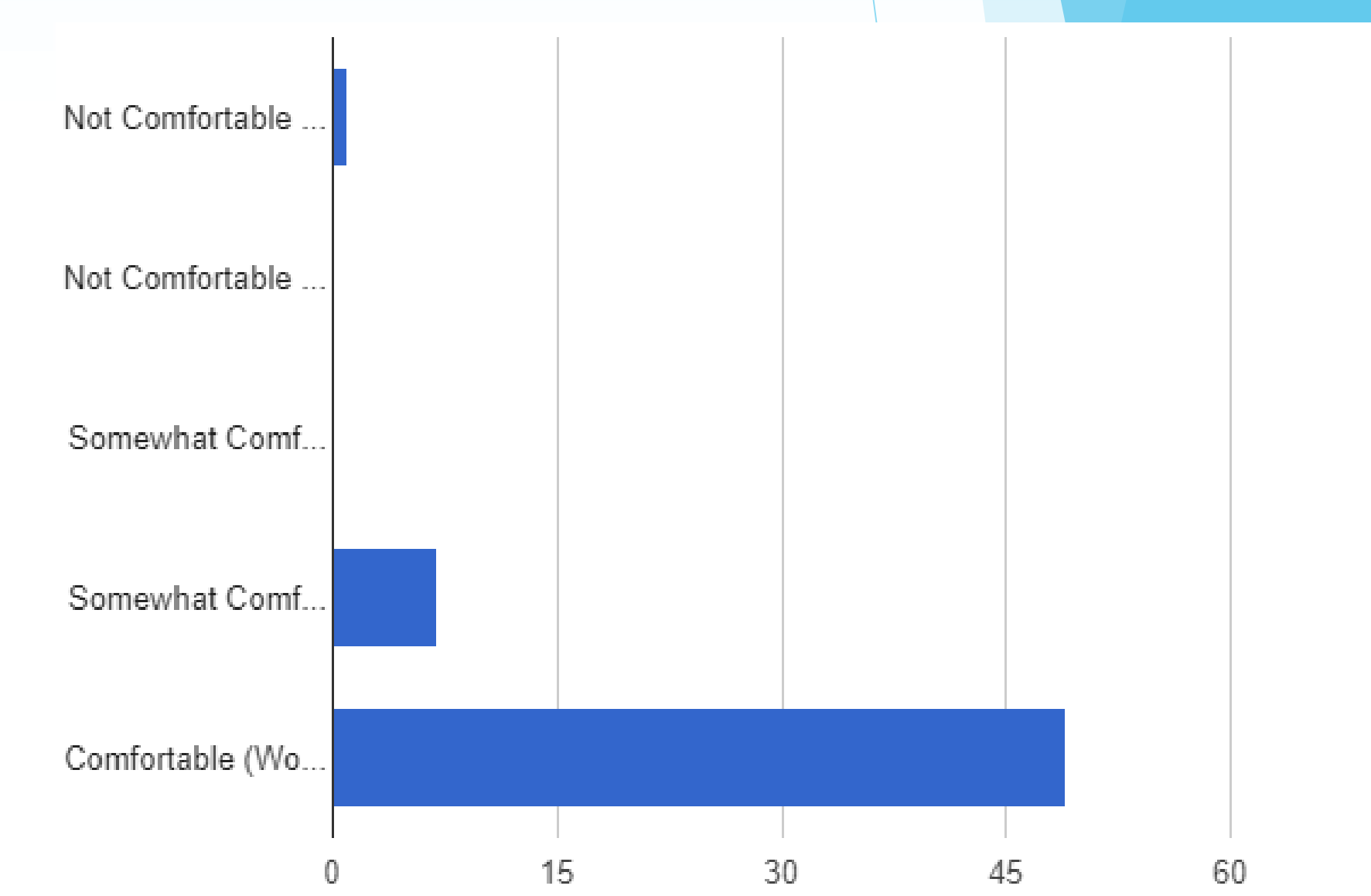
GBS positive 32% (9/28)

Elective CS 20%

Emergency CS 28%

9/9 Women who required Penicillin during delivery received Penicillin

How comfortable are you to take Penicillin now?



ACT

Clinic Capacity

Based on the referral pattern 40-50 women per month will require Penicillin Allergy De-Labeling services

The Sticky Label

72% of women had a Penicillin allergy still in the chart

60% of women had a direct amendment of the allergy status in the chart

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/>

<http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/penicillin-allergy-clinic>

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