

PE-57. EPIDURAL-PCA ANALGESIA FOR LABOR PAIN: PRIVATE VERSUS STAFF PATIENTS

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Introduction: We compared our private parturients with our staff parturients with regards to epidural analgesia side effects, motor block, and labor outcome.

Methods: Following IRB approval and informed consent, primiparae (P) and multiparae (M) who requested epidural analgesia for labor pain during 1998 & 1999 were included. Group I (n=190): private primiparae, Group II (n=103): staff primiparae, Group III (n=192): private multiparae, and Group IV (n=76): staff multiparae. After a test dose of 3 ml 1.5% lidocaine + 5 µg/ml epinephrine, patients received ropivacaine (R) 0.1%, fentanyl 4 µg/ml and epinephrine 2 µg/ml as a 10 ml loading dose followed by an infusion at 6ml/hr. Patients could administer a PCA dose of 2 ml with lockout time of 10 min (Abbott PCA pump). After administration of the loading dose (time=0 min), patients were queried with each contraction as to their satisfaction with analgesia. If at time=20 min, VAS>3, patients were given a 5ml bolus of the epidural solution every 10min for a maximum of 3 doses as needed until VAS<3. If analgesia was still inadequate (VAS>3), patients were rescued with 5ml of 0.25% R every 10 min as needed to a maximum of 20ml. At each interval where intervention was required the infusion rate was increased by 2ml/hr to a maximum of 12ml/hr. Pain, nausea, pruritus, sedation, and motor block were evaluated hourly, or sooner if intervention was required. Patients were asked to rate their satisfaction for 1st stage, 2nd stage and overall. Data were expressed as mean +SD. Statistical analysis was performed with ANOVA or Fisher’s exact test as appropriate at P<0.05.

Results: There were no differences among the groups with respect to infusion duration, 2nd stage duration, time to full satisfaction, IV pitocin, sedation, nausea, vomiting, urinary retention, infusion rate, maximal sensory level, hypotension, and 1st, 2nd, and overall satisfaction.

*GI<GII, p<0.005, ·GI<GII, p<0.03, °GIII>GIV, p<0.0001, GII<GI, p<0.006, **GIV<GIII, p<0.002, °°GI>GII, p<0.00001.

Conclusion: When compared with staff patients, our private patients were older, heavier, requested epidural analgesia earlier, complained more of itching, requested fewer rescue doses of R 0.25%, had heavier babies, and most strikingly, had higher C/S rate.

	Group I	Group II	Group III	Group IV
Age(yrs)	30.9±22*	22.8±5	31.3±5°	27.8±6
Weight(lbs)	172±32*	157±26	169±30	171±43
1st Stage Duration (min)	558±309;	655±312	426±267	478±267
Initial Cervical Dilation ≤ 3 (%)	52%° °	31%	48%**	26%
Itching (%)	47.9	32.0†	49.5	23.7**
Pts Required 0.25%R(%)	26.3	36.9	24.0	26.3
Baby’s Weight(g)	3376±619;	3215 ±414	3544±508	3469 ±525
Type of Delivery (%) 1=NVSD 2=Vacuum 3=Forceps 4=C/S	1:63.7* 2:8.4 3:1.1 4:26.8 °°	1:80.6 2:8.7 3:1.9 4:8.7	1:92.7 2:4.2 3:0.5 4:2.6	1:92.1 2:2.6 3:1.3 4:3.9