Remifentanil May Be Safe Labor Analgesia Option

BY SHARON WORCESTER
Southeast Bureau

HOLLYWOOD, FLA. — Remifentanil was found to be effective and safe for labor analgesia in a small randomized controlled study, Dr. Mrinalini Balki reported at the annual meeting of the Society for Obstetric Anesthesia and Perinatology.

A total of 15 women were randomized to receive either a fixed bolus/increasing infusion regimen, or a fixed infusion/increasing bolus regimen of the short-acting opioid analgesic.

The groups had similar overall median satisfaction scores (9 vs. 9 on a 0-10 scale), and pain scores (6 and 7 on a 0-10 scale), but maternal side effects were more common in the fixed infusion group, and pain control appeared to be less effective in that group, said Dr. Balki of the University of Toronto.

For example, 38% in the fixed bolus group, compared with 100% in the fixed infusion group, experienced drowsiness. Desaturation was noted in 57% in the fixed bolus group, compared with 0% in the fixed infusion group.

Patient satisfaction in both groups was high, despite high pain scores. This could reflect patient motivation or altered pain perception among those who choose remifentanil, Dr. Balki explained.

Since those in the fixed bolus group had better pain scores and required less drug, this regimen appears superior.

Neonatal safety was also similar in the two groups. A nonreassuring fetal heart rate was noted in one fetus in the fixed-bolus group and in none of those in the fixed-infusion group, and Apgar scores were greater than 7 in all babies in both groups, Dr. Balki noted.

Private Ob.Gyns. Less Adherent to C-Section Criteria

ORLANDO — Hospital teaching staff was more likely to adhere to American College of Obstetricians and Gynecologists’ guidelines for scheduling cesarean deliveries than were physicians in private practice, according to a retrospective chart review, Dr. M. Ryan Laye said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

However, this nonadherence did not result in an increase in adverse neonatal outcomes, said Dr. Laye, who was at Greenville (S.C.) Memorial Hospital when the study was conducted.

Of the 296 patients being delivered by scheduled cesarean section for elective indications at the hospital, 222 (75%) were delivered in accordance with the American College of Obstetricians and Gynecologists’ recommendations for timing of elective delivery. Of those not adhering, 95.5% were private service patients, and 4.5% were teaching service patients.

Teaching-staff patients were more likely to be nonwhite, younger, and more obese than were the private service patients. They were also less likely to undergo a primary elective cesarean delivery, with 4 of 109 teaching staff patients (3.6%), and 23 of 187 private service patients (12.3%) undergoing a primary elective cesarean delivery, said Dr. Laye, now at the University of Mississippi Medical Center in Jackson.

—Fran Lowry