

SOUTHWESTERN NEWS

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EPIDURAL TREATMENT FOR LABOR LESSENS WOMAN'S PAIN, INCREASES COMPLICATIONS, UT SOUTHWESTERN RESEARCH SHOWS

DALLAS — November 1, 1995 — Epidural treatment, despite the complications it may create, is best for relieving labor pain, according to a study by UT Southwestern Medical Center at Dallas researchers published in the November issue of The OB/Gyn Journal.

"The epidural analgesia is associated with prolonged labor, an increase in uterine infection and more operative procedures such as Caesarean sections or low-forceps deliveries," said Dr. Susan M. Ramin, assistant professor of obstetrics and gynecology. "However, it is clearly more effective for pain relief than the intravenous technique of drug administration."

Ramin is principal investigator for the study conducted at Parkland Memorial Hospital, a UT Southwestern-affiliated hospital. The six-month study is the largest of its kind; very few investigations of this sort have been conducted and all have been on a smaller scale.

Ramin and her coauthors studied 869 randomized patients with uncomplicated pregnancies to determine the effects of epidural treatment. About half were given bupivacaine/fentanyl through an epidural catheter inserted near the base of the spine, and the other half received meperidine through an IV.

The study showed a two- to four-fold increased risk of Caesarean delivery with epidural treatment, regardless of whether the woman has given birth previously.

Ramin said the study is important in light of the rising number of Caesarean sections. Researchers have only recently found a link between the type of pain medication during labor and the necessity of some Caesarian sections and other possible complications.

"Clearly, pain relief during labor is of major importance, and to many people the two- to four-fold increased risk of Caesarean delivery associated with epidural analgesia is an acceptable risk. However, a woman whose labor pain is relieved adequately by the IV

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treatment (which has fewer complications) or who does not find pain intolerable may decide to choose the less risky procedure.

"The important thing is that a woman is given all the information about these pain treatments during labor in order to be involved in the decision-making," she said.

Ramin said that UT Southwestern researchers are planning other studies related to the best pain treatments for women in uncomplicated labor.

"There may be major changes that can be made, including different medications, different amounts of medication, the timing of the procedure and the route of delivery for pain relief," Ramin said. "A whole new area of clinical treatment for the pain of labor is opening up, and more research is sorely needed."

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