

Study finds women used 30 percent less analgesia during labor when self-administered

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In a study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting, in San Francisco, researchers will present findings that show that when women administer their own patient-controlled epidural analgesia (PCEA) instead of getting a continuous epidural infusion (CEI) they used less analgesic, but reported similar levels of satisfaction.

Women often receive a continuous epidural infusion of analgesic during labor. This can lead to prolonged labor and an increase in assisted vaginal delivery. Several pain management studies have been done to begin looking at how much analgesia [women](#) use and what their pain experience is like when they are able to administer it themselves.

"We conducted the first double blind study, excluding inductions and including only women who were delivering for the first time, so that we could get a good sample of women with similar labor patterns," said Michael Haydon, M.D., one of the study's authors.

The study was a double-masked trial in which 270 nulliparous women were randomized to one of three groups. Initially, an intrathecal dose of 2 mg bupivacaine/20mcg fentanyl was given followed by maintenance epidural infusion 0.1% bupivacaine/2 mcg/ml fentanyl. Group 1 CEI background only (10 mls/hr); Group 2 CEI+PCEA(CEI at 10 ml/hr plus PCEA 10 ml, 20 min lockout; Group 3 PCEA only (PCEA 10 ml, 20

min lockout). PCEA bolus button was given to each subject and the pump acknowledged the request regardless of group assignment. The primary outcome was dosage of local anesthetic used. Secondary outcomes include obstetric outcomes and maternal satisfaction.

The study results showed that total mg bupivacaine used was less in the PCEA only group compared to CEI; group 1 (74.9 ± 36 mg), group 2 (95.9 ± 52 mg), group 3 (52.8 ± 42 mg) p

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