

## **A-37: Continuous infusion epidurals for obstetric analgesia**

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Lumbar epidural analgesia is the best and most reliable method of pain relief in labour. The aim of epidural analgesia in labour is to provide continuous and safe pain relief for labour and delivery. The traditional intermittent top-up technique is associated with disadvantages such as fluctuations in pain control and a higher incidence of haemodynamic instability which may be overcome by continuous infusion.

The present study compares a continuous infusion technique with intermittent top-up doses of bupivacaine for epidural analgesia for labour and delivery in primiparous patients.

Sixty primigravidae were allocated randomly to receive either an extradural infusion of 0.125% bupivacaine (marcain) 10 ml per hour during labour, or intermittent top-ups of 0.25% bupivacaine. The two groups were compared with regard to analgesia, the obstetric and neonatal outcome.

It was found that infusion provided comparable analgesia with a significantly decreased need for top-ups. A significant reduction in the incidence of hypotension, cardiotocographic changes and caesarean section was associated with this. More mothers in the infusion group required low forceps. The neonatal outcome showed no differences between the two groups with respect to Apgar scores at 1 and 5 minutes. The height of sensory block and the length of labour were similar in both groups.

We conclude that continuous infusion of 0.125% bupivacaine at 10 ml per hour provides adequate analgesia with minimal side effects when compared with conventional top-ups.

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