Felicity Reynolds (Ed.)

Regional Analgesia in Obstetrics

A Millennium Update

With 50 Figures
To mark the turn of the century, Professor Felicity Reynolds has assembled an impressive collection of contributions from many quarters of the globe, describing the current position and recent progress in obstetric regional analgesia. The year 2000 is perhaps a fitting time to take stock, as the first recorded use of spinal analgesia in labour was published by Kreis one hundred years ago (Centralblatt für Gynäkologie no 28, July 1900; 724–729). Did this trigger the start of modern practice? Of course not; it was just one of many false starts. Walter Stoeckel, an eminent German obstetrician/gynaecologist, wrote in great detail of the use of caudal epidural block in 1909. There is no evidence that either he or his successors continued with the practice. Nor did Eugene Aburel, a Romanian obstetrician working in Paris in 1927, succeed in establishing the use of regional anaesthesia except back in his own native country.

Perhaps the credit should go to Robert Hingson, an American anesthesiologist who pioneered the use of continuous caudal block in 1942; even then it was not so much out of compassion for labouring mothers, but dictated more by a demand to prevent their cries disturbing the sleep of the male patients warded in close proximity in the same hospital. But Hingson was a man with a mission; it was he who brought the message to all 90 of the United States of America’s medical schools and to many of the world’s other developed countries. He taught at Oxford in the UK, and there it was the obstetricians rather than the anaesthetists who were giving caudal blocks to their patients right up to only 30 years ago.

The developments in the subspecialty of obstetric anaesthesia over the past 30 years have been remarkable. In the UK the establishment of the Obstetric Anaesthetists’ Association in 1969 was fired by the publication of the triennial reports on Confidential Enquiries into Maternal Deaths which, at that time, showed that a high proportion of deaths were attributable to the complications of anaesthesia. The association now boasts 1700 members from both the UK and overseas. In the USA the Society for Obstetric Anesthesia and Perinatology, also founded in 1969, now has around 1200 members, and similar societies and groups have since sprung up in many countries.

With the dawn of a new century, one can only speculate on what the future may bring. Regional analgesia has held sway for many
years. Are there other methods of labour pain relief awaiting discovery? Will we ever be able to dispense with drugs altogether? Will we learn how to exploit the non-invasive methods that have hitherto been tried and abandoned as useless in childbirth? Will some completely new system of pain relief be found? There is no doubt that, in this new century with a new breed of specialist anaesthetists, if it is there, it will not remain hidden for long.

Andrew Doughty
Preface

Whether you think the new millennium began on January 1st 2000, or you realise it starts in 2001, now seems a good time to take stock. This millennium up-date follows three previous books about regional analgesia in obstetrics produced at approximately 10-year intervals under the auspices of the Obstetric Anaesthetists’ Association. The contents of each have varied to reflect the clinical developments and research interests of the preceding decade. As seems appropriate, the present text takes a longer view than one decade, and attempts to examine the narrow field of obstetric analgesia in a broader obstetric and humanitarian setting.

Though much of the contents have a British flavour, I have been delighted to be able to call on a network of friends and colleagues to provide a picture of the status of obstetric regional analgesia and anaesthesia in different parts of the world, often viewed in the wider context of maternal welfare, mortality rates and general obstetric practice. Some have even conducted surveys in order to collect material for their chapters. They did not complain that I set them impossible tasks, despite severe time constraints. My friends from Malaysia have not demurred at calling themselves “the Far East” (in remarkable contrast to our Western insularity) and have collected fascinating information on an amazing variety of countries thousands of miles apart. Central and Eastern Europe have also presented a challenge to those attempting to overview a time spanning much political and social upheaval. Indeed the principal author set up a network worthy of Reuters to gather the data. Interestingly, teams tackling Western and Eastern Europe both laid claim to Germany, but world war three was averted. I was delighted that Turkey, at the crossroads of Europe and Asia, was drawn in, revealing within its own borders intriguing contrasts between East and West. Even within the relatively small populations of the Scandinavian countries – not to mention adjacent suburbs in South East England – there are remarkable disparities in practice. But to look further afield, both the United States and Latin America also present interesting contrasts. We are fortunate that, in most countries in Europe, the ability of a woman to pay is not a factor determining her obstetric care. Australia, the most distant population included, seems in some ways very near to home.

Though far-reaching, the areas covered are not comprehensive. I felt that those involved in care of parturients in Sub-Saharan Africa
and the Indian sub-continent had more pressing priorities than pain relief in labour, still less collecting data about it. I pay tribute to those working to develop alternative technology that may enable improvements in medical care to be brought within reach of the poorer nations of the world.

Obstetric anaesthesia does not concern itself only with approaches to labour analgesia, these are the frills. Like aeroplane cabin staff, whose prime raison d’être is not so much creature comforts as catastrophes, we must be present to handle emergencies. We provide care for the sick parturient and anaesthesia for caesarean section. We are concerned with maternal mortality, though thankfully less so than of yore. The impact of regional blockade on all these areas of responsibility is considered in this text. Quality research is needed to inform our practice; expert advice is provided to improve future efforts. Supposed indications, contraindications and complications, and the controversies surrounding them, are discussed. Our increasing concern over consent and litigation is addressed. The presentation of all these varied aspects of obstetric regional anaesthesia and analgesia is not uniform; authors, like subject matter, must be allowed to be idiosyncratic. A reader may find some duplication between chapters; this is both healthy and appropriate to enhance the comprehensiveness of each. Where they are reviewing evidence, authors have been encouraged to tabulate their findings; I hope readers will find this helps them to find the information they seek.

This book is primarily aimed at anaesthetists, but I hope some obstetricians and midwives may give it a glance. I would like to thank all the contributors for working so hard to fulfil their tasks.

Felicity Reynolds
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