



Influence of Anesthetic Technique on Labor

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1. Controversy exists as to whether neuraxial analgesia during labor is associated with a prolonged labor and operative delivery (i.e. cesarean delivery, forceps delivery, or vacuum extraction)
2. Women at higher risk for prolonged labor and operative delivery are more likely to request and receive epidural analgesia than women with a rapid, uncomplicated labor
 - (a) Studies have shown higher levels of pain during the latent phase are predictive of longer latent and active phases of labor
 - (b) These women were 2× as likely to require instrumental delivery
3. Epidurals placed before 4 cm dilation do not increase the rate of c-section
4. Epidurals have not been scientifically found to increase the rate of c-section
5. Instrumental vaginal delivery rates are increased in patients with epidurals because of dense epidurals causing motor blockade and/or because an OB is more likely to perform an elective instrumental delivery in a patient with satisfactory anesthesia than in one without
6. Neuraxial analgesia has a variable effect on the duration of the first stage of labor (shortens labor in some women and lengthens in others)
7. Effective neuraxial analgesia prolongs the second stage of labor by ~15–20 min
8. Neuraxial analgesia do not prolong the third stage of labor