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Obstetrical Anesthesia

CARDIAC OUTPUT IN LABOR Cardiovascular dynamics during labor and delivery were evaluated in 23 patients. Ten received "local" analgesia (paracervical or pudendal block) and 13, caudal anesthesia. Arterial pressure, central venous pressure, cardiac output, heart rate, intrauterine pressure, stroke volume, and blood volume changes were all investigated. Caudal anesthesia prevented the increase in cardiac output at delivery. Turning the patient from the supine to the lateral position, in both groups, resulted in relief of vena caval obstruction and increase in cardiac output. (Ueland, K., and Hansen, J. M.: *Maternal Cardiovascular Dynamics: III, Labor and Delivery under Local and Caudal Analgesia*, *Amer. J. Obstet. Gynec.* 103: 1 (Jan.) 1969). **ABSTRACTER'S COMMENT:** Here we have objective evidence why peridural anesthesia is indicated for the cardiac patient in labor.

ACID-BASE STUDIES AT BIRTH Acid-base measurements of cord blood at birth and femoral vein blood one hour after birth were made in 65 full-term infants, born of normal mothers. One-minute Apgar score was assessed. Either regional anesthesia or no anesthesia was used for delivery. The mean umbilical artery pH for those delivering spontaneously or with elective low forceps was 7.22. The mean umbilical artery pH in infants delivered after midforceps rotation was 7.16. Umbilical artery pH tended to be lower in the longer labors. There was a correlation between length of second stage and umbilical artery pH. Despite significant differences in umbilical artery pH at birth in some of the infants, all groups reached essentially the same acid-base status at one hour. This was thought to be because no depressant anesthetic drugs were used. (Clark, R. B., and others: *Neonatal Acid-Base Studies: I. Effect of Normal Labor and Obstetric Manipulation*, *Obstet. Gynec.* 33: 23 (Jan.) 1969.)