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Obstetrics and Pediatrics

OPIATES FOR DELIVERY The effect on the newborn of a heavy opiate-opiate-antagonist regimen for labor and delivery, popular in some parts of the country, was evaluated in 30 normal parturients. All mothers received chlorpromazine, 25 mg, and divided doses of meperidine-scopolamine during labor. This produced complete unconsciousness, and in most instances, no further anesthesia was needed for episiotomy, forceps application, and delivery. The total dose of meperidine ranged from 200 to 1,000 mg (average 356 mg). Nalorphine, 10 mg, was given intravenously to the mother ten minutes before delivery. Infants were evaluated by Apgar score at one minute, and acid-base studies were made at birth and at one hour of age. Compared with infants born under regional anesthesia, these infants had lower Apgar scores and were more acidotic at birth and at one hour of age. (Clark, R. B., and others: *Neonatal Acid Base Studies II: Effect of a Heavy Medication-Narcotic Antagonist Regimen for Labor and Delivery*, *Obstet. Gynec.* 33: 30 (Jan.) 1969.)

UMBILICAL ARTERY CATHETERIZATION Umbilical artery catheterization was performed in each of 387 infants over a five-year period, for a variety of reasons, by research pediatricians, practicing pediatricians and residents in pediatrics. In 232 instances, the catheter was used for withdrawal of blood only. In 104 it was used for withdrawal of blood and administration of fluids. In 51, it was used for administration of fluids. Thirty-one infants, or 8 per cent, developed complications noted either clinically or at autopsy. No deaths were directly attributable to the technique. Umbilical artery catheterization should be limited to those infants with moderate or severe respiratory distress, the very small premature infant with tiny fragile veins, and the occasional infant who is critically ill from other causes. (Cochran, W. D., Davis, H. T., and Smith, C. A.: *Advantages and Complications of Umbilical Artery Catheterization in the Newborn*, *Pediatrics* 42: 769 (Nov.) 1968.) **ABSTRACTER'S COMMENT:** While documenting complications, the authors have also emphasized the value of the technique in the management of certain neonatal conditions. In our experience in 183 cases, two deaths were directly attributed to the technique. Improvements in technique, especially continuous infusion of saline solution by an infusion pump, should significantly decrease the incidence and severity of complications.