operative and postoperative hypoventilation. However, ventilation measurements to confirm this speculation are not available.

References

Obstetrics
OXYTOCIN AND REGIONAL ANESTHESIA Epidural or caudal anesthesia provides excellent pain relief during labor and delivery. Judicious use of oxytocin in association with regional anesthesia can lead to increased convenience and shorter labor. However, indiscriminate use of this combination may be hazardous to both mother and fetus. By the use of continuous monitoring of fetal heart rate, the author has studied the effects of oxytocin stimulation and epidural anesthesia on the fetus.

Three hundred and sixty fetuses were observed for cardiac deceleration occurring late in the uterine contraction cycle, during labor, in four treatment groups. The 119 mothers of Group A received neither epidural anesthesia nor oxytocin stimulation; Group B (41 patients) received oxytocin stimulation with several other forms of anesthesia; Group C (135 patients) received epidural anesthesia without oxytocin; Group D (65 patients) received a combination of epidural anesthesia and oxytocin stimulation. The incidence of uteroplacental insufficiency patterns in Group A was 16.8 per cent; Group B, 26.8 per cent; Group C, 24.4 per cent; Group D, 40 per cent.

A fall in maternal systolic blood pressure greater than 20 mm Hg during epidural anesthesia caused 72 per cent of fetuses to develop uteroplacental insufficiency patterns. When uterine hypertonus developed during oxytocin infusion, 50 per cent of fetuses developed late deceleration. Control of oxytocin infusion, correction of hypotension by maternal hydration, and avoidance of the supine position were usually accompanied by improvement in these ominous fetal heart-rate patterns. There was no difference in neonatal outcome among the various treatment groups. (Schiffrin, B. S.: Fetal Heart Rate Patterns Following Epidural Anesthesia and Oxytocin Infusion during Labor, J. Obs. Gyn. Br. Commonwealth 79: 332-339, 1973.)