

## Correspondence

Anesthesiology  
53:263, 1980

### The Need for Anesthesiologists Trained in Epidemiology

*To the Editor:*—Dr. Cohen's editorial calls attention to the need for improved reporting and analysis of maternal deaths associated with anesthesia.<sup>1</sup> We agree with Dr. Cohen that it is important to improve statistics on maternal deaths, and feel that anesthesiologists with epidemiology training could make a valuable contribution to this effort.

The Family Planning Evaluation Division of the Center for Disease Control has been involved in surveillance of abortion-related deaths for the past decade. We are now initiating surveillance of deaths resulting from sterilization procedures and from cesarean sections. We have found that use of death-certificate data alone underestimates maternal mortality. Recently, through a procedure linking deaths of women of reproductive age to live births, we determined that in Georgia, 54 per cent of maternal deaths after live births were missed by death-certificate reporting. We also found that in those deaths investigated, anesthesia administration is implicated as a causal factor in at least 15 per cent of abortion-related, sterilization-related, and cesarean section-related deaths.

Considering the above data and Dr. Cohen's plea for obstetric anesthesiologists to become involved in the collection and analysis of data, we would like to encourage anesthesiologists to pursue formal training in epidemiology. The Center for Disease Control con-

ducts short-term (one to two weeks) training courses in applied epidemiology. It also provides more extensive experiences through a two-year program for those physicians interested in learning and practicing epidemiology. We urge anyone wanting more information to write or call us at (404) 329-3611.

HERBERT B. PETERSON, M.D.  
*Epidemic Intelligence Service Officer*  
*Epidemiologic Studies Branch*  
*Family Planning Evaluation Division*

GEORGE L. RUBIN, M.D.  
*Epidemic Intelligence Service Officer*  
*Office of Director*  
*Family Planning Evaluation Division*

CARL W. TYLER, JR., M.D.  
*Director*  
*Family Planning Evaluation Division*  
*Bureau of Epidemiology*  
*Center for Disease Control*  
*Atlanta, Georgia 30333*

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### Gastric Emptying in Labor

*To the Editor:*—In the editorial "Aspiration Syndromes in Pregnancy" (*ANESTHESIOLOGY* 51:375-377, 1979), Dr. Cohen implies that metoclopramide accelerates gastric emptying in labor. It is a pity that in an otherwise excellent review she has ignored the fact that narcotic analgesics are the major factor delaying gastric emptying in labor, and that this delay is not reversed by metoclopramide.<sup>1,2</sup> In addition, narcotics decrease tone at the lower esophageal sphincter and thus make regurgitation more likely.<sup>3</sup>

It would be a pity to perpetuate the myth that metoclopramide will empty the stomach and protect against regurgitation of gastric contents in a patient who has received narcotic analgesics.

WALTER S. NIMMO, M.R.C.P., F.F.A.R.C.S.  
*Senior Lecturer in Anaesthesia*  
*Western Infirmary*  
*Glasgow G11 6NT*  
*U. K.*

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