A-1083  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Oral Narcotic-Antagonist Therapy for Post-Cesarean Spinal Morphine Pruritus Alison J. Macarthur, MD; Sally K. Weeks, MBBS, Department of Anesthesia, University of Calgary, Calgary, AB, Canada. 93 women participated in a multi-centred, double-blind, placebo-controlled randomised trial examining the anti-pruritic / anti-analgesic effects of naltrindone on post-caesarean spinal morphine.

A-1084  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Prehydration and Combined Spinal Epidural Labor Analgesia Bruce D. Macaulay, MD; Michael D. Barton, DO; Mark C. Norris, MD; Emanuel J. Vlastos, MD; Laila Bottros, MD, Anesthesiology, Washington University School of Medicine, St. Louis, MO, United States. 500 mL before IT sufentanil/bupivacaine lacked effect on maternal hypotension, but was associated with fewer prolonged decelerations (0/16 vs 3/16).

A-1085  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Increased Risk of Obstetric Anesthesia Complications in Medical Professionals and Their Spouses Dean W. Martin, MD, Radb Landau, MD; Stephanie R. Goodman, MD; Susan H. Kim, MD; Richard M. Smiley, MD, PhD, Anesthesiology, Columbia University, New York, NY, United States. Medical personnel are at increased risk for the occurrence of obstetric anesthesia complications (17.8% vs 11.4%).

A-1086  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Nalbuphine in Labor: Does It Affect Subsequent Regional Analgesia? Pamela J. Morgan, MD; Julie Lajoie, BSc; Susan K. Palmer, MD, Anesthesia, Sunnybrook & Women’s University of Toronto, Toronto, ON, Canada. 20mg IM nalbuphine in early labor may increase local anesthetic dosage and number of visits by an anesthesiologist to maintain maternal comfort during regional analgesia.

A-1087  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Review of Outcome of Critically Ill Pregnant Population Admitted to ICU U. Munnur, MD; G. Menia, MD; M. Suresh, MD; K. Gunthapalli, MD; M. Gardner, MD, Anesthesiology, Baylor College of Medicine, Houston, TX, United States. Preeclampsia and postpartum hemorrhage are the most common etiologies for ICU admission. Our results suggest that high risk patients can be safely managed in an L&D ICU setting.

A-1088  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Platelet Function during Pregnancy: An Evaluation with PFA-100 Analyzer Nathalie Nathan, MD; Phd; Anne Vincelot, MD; Annie Julia, MD; Danielle Collet, MD; Patrice Grandchamp, MD, Dept of Anesthesia, CHU Dupuytren, Limoges, France. At the end of pregnancy, platelet function assessed with PFA-100 may be altered in patients with IITA with thrombocytopenia but not in isolated thrombocytopenia or IITA.

A-1089  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Probability of Difficult Tracheal Intubation in the Obstetric Population: Does Ethnic Origin Matter? Adayemi J. Ohufodilhe, MBBS, FRCA; Elizabeth Bell, MD, MPH; Andrew Hartle, MB, ChB, FRCA, Anesthesiology, Duke, Durham, NC, United States

A-1090  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Intrathecal Ropivacaine and Fentanyl for Labor Analgesia Craig M. Palmer, MD; Wallace M. Nogami, MD; Diane Alves, R.N., Dept. of Anesthesiology, Arizona Health Sciences Center, Tucson, AZ, United States. Ropivacaine, 2 and 4 mg, prolonged labor analgesia when administered with fentanyl 25 μg. Compared to prior studies of intrathecal bupivacaine and fentanyl, no advantages were found.

A-1091  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Are Lower Concentrations of Ropivacaine Effective for Initiation of Epidural Labor Analgesia? Craig M. Palmer, MD; Wallace M. Nogami, MD; Diane Alves, R.N., Dept. of Anesthesiology, Arizona Health Sciences Center, Tucson, AZ, United States. Adding fentanyl and epinephrine to low concentrations and volumes of ropivacaine did not substantially improve analgesic success compared to 0.2% ropivacaine.

A-1092  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Is Antiemetic Prophylaxis Cost-Effective for Cesarean Section Patients? F. Pan, MD; G. Moore, PhD; R. Frugneto, MD; V. Ross, MD; G. Justis, MD, Anes, MC, Richmond, VA, United States. This randomized, double-blind study showed that prophylactic ondansetron or metoclopramide ameliorated more cost-effective than treating emetic symptoms as they occur in cesarean surgery and first 24 post-operative hrs.

A-1093  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Comparison of Thromboelastography with ADP Stimulated Platelet Aggregation in Normal and Pre-Eclamptic Parturient Patients Stephen K. Pattezson, MD; Robert M. Craft, MD; Carolyn C. Snider, MT; Andie A. Smith, MD; Roger C. Carroll, PhD, Anesthesiology, University of Tennessee, Graduate School of Medicine, Knoxville, TN, United States

A-1094  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Is Frequent Redosing of Labor Analgesia Epidural Catheters Associated with Cesarean Delivery? B.M. Scarone, MD; R. Greenbaum, MD, C.A. Wong, MD, Anesth., Northwestern Univ., Chicago, IL. Epidural analgesia breakthrough labor pain treated with manual reboaduls, increasing epidural infusion rate or concentration predicts risk for Cesarean delivery.

A-1095  Room I, 10/17/2000  9:00 AM - 11:00 AM (PS) Effect of Epidural Induced Motor Blockade on Intrauterine Pressure during Maternal Expulsive Efforts Young Shin, MD; Weija Yan, MD; Philip Balesieteri, MD; Joseph Collea, MD, Anesthesia and Obstetrics, Georgetown University Hospital, Washington, DC. Motor blockade associated with labor epidural analgesia reduces intrauterine pressure generation during maternal expulsive effort.