

ROUDINE STORE

5-7 сентября 2018 / Санкт-Петербург September 5-7, 2018 / St. Petersburg



Non-Neuraxial Techniques for Labour Analgesia Robin Russell

Nuffield Department of Anaesthetics Oxford, UK







Non-Neuraxial Techniques

- Preparation
- Non-Pharmacological
- Inhalation
 - Systemic opioids







Apple IOS

Launch the Safari browser on Apple's IOS and navigate to the website or web page you went to add to your home screen. Tap the Share button on the browser's toolber and then press the Add to Home Screen icon in the Share Menu.

Android



Launch Chrome for Android and open the website you want

to pin to your home screen. Tap the menu button and tap

Add to homescreen. You'll be able to enter a name for the shortcut and then Chrome will add it to your homescreen.





Search this site

Q

The DAA are now focussing on translating their main publications into the 20 most common languages used in the UK from census data

LabourPains.com - for expectant parents, midwives and healthcare professionals

Welcome to LabourPains.com, the public information website of the OAA. Created specifically for expectant parents as well as midwives and healthcare professionals. On this site you can fearn all abour the pain relief choices available during labour and how to cope with labour pains. The information on LabourPains.com has been written by a multi-disciplinary group of doctors, midwives and mothers, ensuring that you have access to information which is trustworthy, unbiased and scientifically proven. Take a look, tell us what you think and don't forget to spread the word!



























Preparation Antenatal education Managing expectations Plan for analgesia

- Support in labour
- Breathing & relaxation techniques





Natural Childbirth Psychoprophylaxis





Painless Childbirth Through Psychoprophylaxis

Lectures for Obstetricians

By I. Velvovsky, K. Platonov, V. Ploticher & E. Shugom

Grantly Dick-Read

Fernand Lamaze



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Non-Pharmacological Techniques

- Hypnosis
- Acupuncture
- Massage
- Reflexology
- Transcutaneous electrical nerve stimulation
- Sterile water injections
- Hydrotherapy
- Aromatherapy







- Healthcare reviews
- Well-conducted controlled trials
- Evidence-based medicine
- Quality issues
- Study design
- Author interpretation







Hypnosis for pain management during labour and childbirth (Review)

Madden K, Middleton P, Cyna AM, Matthewson M, Jones L Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD009356.

- 9 trials (n = 2954)
- Antenatal & labour hypnosis
- Quality of evidence low
- ↓pharmacological pain relief*
- No reduction in epidural analgesia
- No impact on other outcomes









Acupuncture or acupressure for pain management in labour (Review)

Smith CA, Collins CT, Crowther CA, Levett KM Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD009232.

- 13 trials (n = 1986)
- Placebo / standard care / no treatment
- High risk of bias
- ↓ pain intensity vs. no treatment
- ↓ pharmacological analgesia vs. placebo









Massage, reflexology and other manual methods for pain management in labour (Review)

Smith CA, Levett KM, Collins CT, Dahlen HG, Ee CC, Suganuma M Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD009290.

- 14 trials (n = 1055)
- Quality of evidence low
- Risk of bias
- Marginal benefit: pain intensity

feeling of control satisfaction









Transcutaneous electrical nerve stimulation (TENS) for pain management in labour (Review)

Dowswell T, Bedwell C, Lavender T, Neilson JP

Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD007214.

- 16 trials (n = 1466)
- Quality of evidence low
- Risk of bias
- Limited evidence of analgesic benefit
- No impact on other outcomes





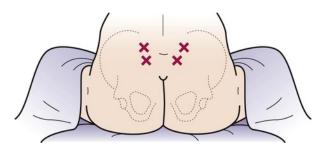




Intracutaneous or subcutaneous sterile water injection compared with blinded controls for pain management in labour (Review)

Derry S, Straube S, Moore RA, Hancock H, Collins SL Cochrane Database of Systematic Reviews 2012, Issue 1. Art. No.: CD009107.

- 7 trials (n = 766)
- Double blind RCTs
- Risk of bias
- Back pain only
- No robust evidence of efficacy
- No impact on other outcomes





Non-Pharmacological Techniques

- Poor quality evidence
- Marginal benefits
- Ethical
- Maternal choice
- Lack of harm
- Expectation vs. experience
- Continued use



Non-Neuraxial Techniques

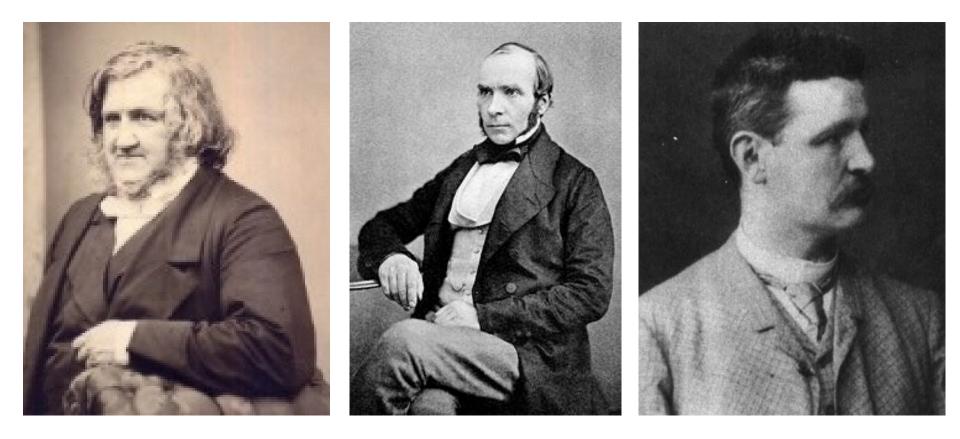
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- **Inhalational Agents**
- Ether
- Chloroform
- Nitrous oxide
- Ethylene
- Cyclopropane
- Trilene
- Methoxyflurane
- Isoflurane
- Sevoflurane
- Desflurane
- Xenon







James Simpson

John Snow

Stanislav Klikovich



Nitrous Oxide

- Gas & Air
- Minnitt's apparatus
- Midwife administration
- Variable concentrations
- Oxygen replaces air
- Not portable
- Entonox

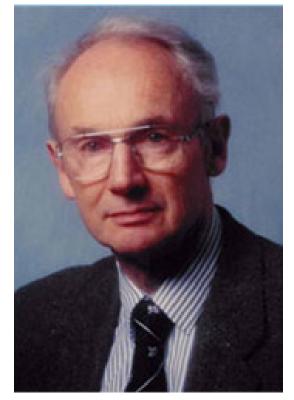




Entonox

- Nitrous oxide in oxygen
- Tunstall 1961
- UK, Australia, Scandinavia
- Efficacy
- Side effects





Mike Tunstall



Nitrous Oxide in Early Labor

Safety and Analgesic Efficacy Assessed by a Double-blind, Placebo-controlled Study

Jan Carstoniu, M.A., M.D., F.R.C.P.C.,* Shimon Levytam, M.D.,† Peter Norman, M.D., F.R.C.P.C.,‡ Denise Daley, M.D., F.R.C.P.C.,‡ Joel Katz, Ph.D.,§ Alan N. Sandler, M.Sc., M.B., Ch.B., F.R.C.P.C.||

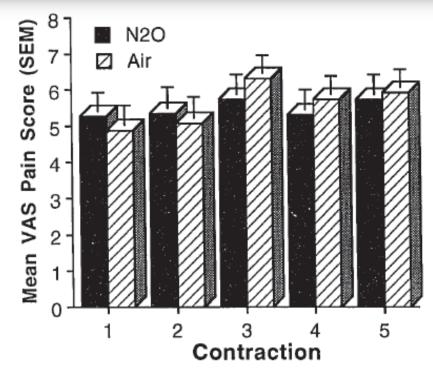


Fig. 1. Effect of nitrous oxide and air on visual analogue scale (VAS) pain scores during each uterine contraction. There was no difference in the VAS score between the patients receiving nitrous oxide or air for any contraction.







Inhaled analgesia for pain management in labour (Review)

Klomp T, van Poppel M, Jones L, Lazet J, Di Nisio M, Lagro-Janssen ALM *Cochrane Database of Systematic Reviews* 2012, Issue 9. Art. No.: CD009351.

- 26 trials (n = 2959)
- Heterogeneity in analysis
- Risk of bias
- Better than placebo or nothing
- Flurane derivatives more effective
- Side effects



• Safety



Inhalational Agents

- Variable use
- Questionable efficacy
- Side effects
- Maternal autonomy
- Non-invasive
- Satisfaction



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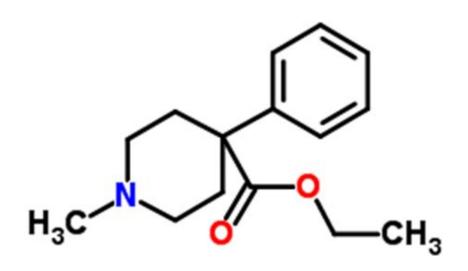
Twilight Sleep





Pethidine







Pethidine

- Developed in Germany
- Atypical opioid chemical structure
- Effective analgesia without side effects?
- Widely available in 1950s
- Midwife administration
- Concerns regarding efficacy & side effects



Analgesic Efficacy & Sedation

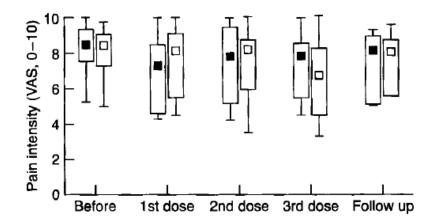


Fig. 1. Pain intensity before and following morphine (dose 0.05 mg/kg body weight) or pethidine (dose 0.5 mg/kg body weight) given intravenously at iterative doses. Values are presented in box plot with median and interquartile range and total range indicated by vertical whiskers. No significant effect was found after each dose. \blacksquare = morphine; \blacksquare = pethidine.

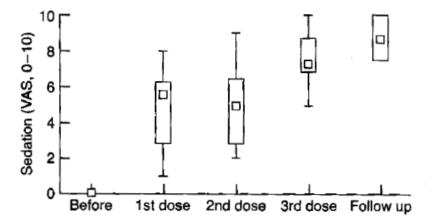


Fig. 2. Sedation scores before and after successive doses of opioid. There was no significant difference in results between the two opioids so data for morphine and pethidine have been combined. Box and whisker plots represent median with interquartile range.

Oloffson et al. BJOG 1996



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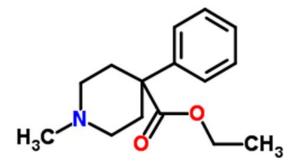




Parenteral opioids for maternal pain management in labour (Review)

Smith LA, Burns E, Cuthbert A Cochrane Database of Systematic Reviews 2018, Issue 6. Art. No.: CD007396.

- 61 trials (n > 8000)
- Heterogeneity
- Quality of evidence low / very-low
- Minimal pain relief
- Sedation, nausea & vomiting
- Neonatal effects







International Journal of Obstetric Anesthesia (2016) 25, 66–74 0959-289X/\$ - see front matter © 2015 Elsevier Ltd. All rights reserved. http://dx.doi.org/10.1016/j.ijoa.2015.12.004





www.obstetanesthesia.com

REVIEW ARTICLE

Remifentanil for labor analgesia: an evidence-based narrative review

M. Van de Velde,^a B. Carvalho^b ^aDepartment of Cardiovascular Sciences, Katholieke Universiteit Leuven and Department of Anaesthesiology, University Hospitals Gasthuisberg, Leuven, Belgium ^bDepartment of Anesthesiology, Perioperative and Pain Medicine, Stanford University, CA, USA

- Potent short-acting opioid
- Rapid onset & offset
- Effect site concentration peak at 2 min
- Multiple PCA regimens
- Placental transfer
- Safety concerns









Patient-controlled analgesia with remifentanil versus alternative parenteral methods for pain management in labour (Review)

Weibel S, Jelting Y, Afshari A, Pace NL, Eberhart LHJ, Jokinen J, Artmann T, Kranke P Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011989.

- 20 trials (n = 3569)
- Multiple comparisons
- Quality of evidence moderate / poor
- High risk of bias
- Better than other opioids
- Not as effective as neuraxial analgesia



Intravenous remifentanil patient-controlled analgesia versus 🏼 🇨 🏠 🕕 intramuscular pethidine for pain relief in labour (RESPITE): an open-label, multicentre, randomised controlled trial



Matthew J A Wilson, Christine MacArthur, Catherine A Hewitt, Kelly Handley, Fang Gao, Leanne Beeson, Jane Daniels, on behalf of the RESPITE Trial Collaborative Group*

- Multicentre UK randomised study
- IV remifentanil PCA (n =201) vs. IM pethidine (n = 199)
- **Epidural conversion 19% vs 41% (P < 0.0001)**
- Median VAS pain scores 50.7 vs. 64.6 (P < 0.0003)
- ↑ satisfaction with analgesia
- \uparrow need for supplemental O₂ (P < 0.0001)
- No serious maternal adverse effects
- No difference in neonatal outcome









Remifentanil for labour analgesia: time to draw breath?

N. A. Muchatuta S. M. Kinsella

Anaesthesia 2013, 68, 227-235

- **↑** popularity
- Superior pain relief to other opioids & inhalation
- Inferior pain relief to epidural
- Similar satisfaction to epidural
- Ideal regimen unknown
- Cases reports of cardiorespiratory arrest



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Kranke et al. BMC Pregnancy and Childbirth 2013, 13:139 http://www.biomedcentral.com/1471-2393/13/139



DEBATE

Open Access

Must we press on until a young mother dies? Remifentanil patient controlled analgesia in labour may not be suited as a "poor man's epidural"

Peter Kranke^{1*}, Thierry Girard², Patricia Lavand'homme³, Andrea Melber⁴, Johanna Jokinen¹, Ralf M Muellenbach¹, Johannes Wirbelauer⁵ and Arnd Hönig⁶

- Relative efficacy
- Safety concerns
- Cost implications
- One-to-one care
- Appropriate monitoring by experienced staff
- Valuable method in controlled environment?



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