Epidural

Mothers-in-waiting who read all the nice things being written in the news about receiving an early epidural would be best advised to also read the full report as it appeared in the *New England Journal of Medicine* (17 Feb 2005), under the more cautious title, "Risks of Cesarean Delivery with Neuraxial Analgesia Given Early versus Late in Labor."

Those who do so may come to the conclusion that if this test trial proved anything at all, it was that all epidural combinations lead to more c-sections, whenever they're given—early or late in labor. The high rates of c-sections in both the "early" and "late" epidural groups, indicated as much.

Only carefully screened and selected first-time mothers were allowed to participate in this study. No breech babies, multiples or mothers with diabetes mellitus or other conditions were studied. Nevertheless, 17.8% of the women in the early epidural group and 20.7% in the control group delivered their babies by c-section. Although the difference was deemed statistically insignificant, the c-section rate for each group was unusually high for healthy, first-time moms.

This three-year study began in November 2000, at a time when the primary c-section rate for all American mothers—with and without complications—was 16.9% Why would such "cream of the crop" nulliparae end up having so many c-sections? What common risk factor did they share, other than epidural anesthesia?

None, although a good look at the data in the full report shows that many differences existed between the two groups and even between the types of epidurals they received. Could some of the differences explain why mothers in the "early" epidural (EE) group fared better than did mothers in the "late" epidural (LE) group?

— **Esther Marilus**, excerpted from "Just Say No to Drugs," *Midwifery Today* Issue 76