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Study Urges Early Painkillers in Labor for First Deliveries

By DENISE GRADY

Women in labor may suffer needlessly because doctors mistakenly advise them to delay a common pain treatment for fear that it will impede contractions and lead to a Caesarean section, researchers are reporting.

A new study of the treatment - a type of anesthesia that injects painkiller into the spinal fluid and the epidural area around the spinal cord to numb the pelvic region - finds that giving it early or late in labor makes no difference in Caesarean rates among women having first babies.

There is no reason for women to deny themselves the medicine or for doctors to withhold it, the study says.

Other researchers urged caution, noting that not all hospitals offer such combined anesthesia and that the findings might not apply to all epidural treatments.

About 60 percent of American women have epidural anesthesia during childbirth. Dr. Cynthia A. Wong, the lead author of the new study and an obstetric anesthesiologist at Northwestern Memorial Hospital in Chicago, said women were often pressured to delay the treatment and made to feel guilty or weak if they asked for one too soon.

"Women say: 'I must be a wimp. I had to ask for pain medication so early,' " Dr. Wong said. "If they're wimps, we're all wimps."

The study appears today in The New England Journal of Medicine.

The American College of Obstetricians and Gynecologists recommends that for first-time mothers epidurals be delayed "when feasible" until the cervix dilates to at least four or five centimeters, or one and a half to two inches.

It can take many hours to reach that point. In the meantime, the college says, other painkillers like narcotics should be given as injections. The college hedges its bets, adding that if a woman asks for an epidural, she should have it, no matter how early.

The advice to postpone epidurals was based on studies that suggested that they were associated with higher Caesarean rates, especially if given early in labor. The findings led some doctors to suspect that the epidurals were slowing contractions or making women too weak to push.

Other researchers said women who had so much pain that they wanted epidurals early in labor probably had something abnormal occurring and that it was the underlying problem that led to Caesareans. Those questions have not been fully resolved.

In recent years, anesthesiologists have used smaller drug doses and mixed techniques in hopes of easing pain while leaving a woman able to move and push at delivery time.

Dr. Wong's study included 750 women who were in labor and giving birth for the first time. All had cervical dilation less than four centimeters. The women were randomly picked to receive a narcotic shot or a spinal anesthetic the first time they asked for medicine. A spinal usually works with a smaller dose of medicine than in an epidural.

At the next request for pain medicine, the women who had received spinals were given epidurals. That was done because a spinal is not usually repeated. The women who had received narcotics were given repeat shots. After that, the narcotics group was given epidurals when reaching four centimeters or more, or when asking for more medicine.

The Caesarean rate in the women who started with spinals was 17.8 percent. For the women given narcotics, it was 20.7 percent, a statistically insignificant difference. It was significant, however, that the women with spinals had shorter labors, by an hour and a half, and felt less pain.

"The bottom-line message," Dr. Wong said, "is that if you're a first-time mom in early labor and it hurts and you need pain medicine, by getting this kind of spinal-epidural, you're not at increased risk for a Caesarean, and there are benefits to doing it this way."

Dr. Laura E. Riley, director of labor and delivery at Massachusetts General Hospital in Boston, had words of caution. "They do a very intricate kind of analgesia," Dr. Riley said, referring to the combined spinal and epidural technique. "I don't know that many places that can do it."

The findings may not apply to other patients who have standard epidurals without the spinal component or epidurals that use different drugs from the ones in the study.

"It may just pertain to this group of patients," Dr. Riley said. "It's not clear that this is really generalizable."

Dr. Riley, chairwoman of a committee on practice standards for the college of obstetrics, said she did not think that the group would change its position based on the new study.

"I don't think it's enough of a groundbreaking, 'Omigosh!' kind of result," she said.

Dr. William Camann, an anesthesiologist at Brigham and Women's Hospital, also in Boston, wrote an editorial accompanying the study agreeing with Dr. Wong. He said women were forced to endure extra hours of pain for no reason and given narcotics that did not work well and that had harmful side effects for mothers and babies.

"Women in labor," Dr. Camann wrote, "deserve to have as many options as possible at their disposal to ensure a safe and satisfying birth experience both for themselves and for their infants."

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