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Epidural During Labor Linked to Abnormal Head Position



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Receiving epidural analgesia during labor seems to increase the risk that the baby will be delivered face up instead of the normal face-down position, new research shows. This may explain the higher rate of c-sections associated with epidurals.

It has been theorized that women with infants in the face-up or "occiput posterior" position have more painful labors, which leads to their request for epidural analgesia. However, in the current study, reported in the medical journal *Obstetrics and Gynecology*, the researchers found that it was, in fact, more likely that the epidural was administered before a fetus moved into this position.

To investigate, Dr. Ellice Lieberman and colleagues at Brigham and Women's Hospital in Boston examined 1,562 pregnant women during labor and delivery.

Ultrasound examinations were performed when women were first admitted to the labor and delivery unit, at the time of epidural administration or 4 hours after the initial examination, and when they were close to full dilatation.

Ninety-two percent of patients received epidural analgesia. Requests for epidurals were not associated with fetal position in early labor or with more painful labor.

Fetal position changes were common during labor, the authors report, and the initial position was not a strong predictor of position at delivery. At the initial examination, approximately 49 percent of fetuses were facing sideways, 27 percent were facing down and 24 percent were facing up. The corresponding rates at the time of delivery were 8, 80, and 12 percent.

At delivery, fetuses were in the face-up position in 12.9 percent of patients given epidurals, but only 3.3 percent of those without epidurals. Epidural analgesia was not associated with the sideways-facing position.

The rate of cesarean delivery was strongly dependent on fetal position -- 6.3 percent with face down, 65 percent with face up, and 74 percent with face sideways. However, fetal position did not influence the need for obstetrical instruments.

SOURCE: *Obstetrics and Gynecology*, May 2005.

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