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Anesthesia

PREMATURE LABOR Several investigators have noted that as little as 100 mg. of meperidine given during labor will affect the fetus, as shown by lowering of Apgar scores, need for resuscitation or reduction of minute volume. Presumably, this would be even more true in the premature. In a controlled double-blind study of 1,002 premature infants whose mother received either meperidine 100 mg., meperidine 100 mg. and scopolamine 0.4 mg., scopolamine 0.4 mg., or saline intramuscularly during labor, infants were considered to be born of an "uncomplicated" pregnancy if prematurity was the only aberration. If other complications, such as maternal hypertension, anemia, diabetes, sensitization, bleeding, etc., were involved the infant was placed in the "complicated" group. Low spinal anesthesia was commonly utilized for delivery. Regardless of whether the labor and pregnancy had been complicated, when the mother received 100 mg. of meperidine during labor, there was no clinical effect on death rates, incidence of respiratory distress, Apgar scores, need for resuscitation, or incidence of severe neurologic defects within one year. (*Kaltreider, D. F.: Premature Labor and Meperidine Analgesia, Amer. J. Obstet. Gynec. 99: 989 (Dec.) 1967.*)

ABSTRACTOR'S NOTE: Because this publication is at variance with results of earlier work, we must await further investigations to ascertain its validity. Determination of infant blood gases and acid-base status in the first few hours of life would be helpful in this regard.