

## Reports of Scientific Meetings

Richard I. Mazze, M.D., Editor

### First European Congress of Obstetric Anaesthesia and Analgesia

The first European Congress of Obstetric Anaesthesia and Analgesia was held in Birmingham, England, September 17–20, 1979. Approximately 50 per cent of the participants were anesthesiologists, 24 per cent midwives, 14 per cent obstetricians, and 12 per cent others (pediatricians, neonatologists, other physicians, and obstetrical physiotherapists). Clinical practice, rather than research, was the major theme, and the discussion included such matters as staffing, training and equipment, as well as the actual care of the mother and child. Each half-day session started with the presentation of three papers. The major points of interest and controversies raised in the discussion were subsequently commented on in a panel session by the speakers.

F. Revil (Cardiff, England) reported a study in which patients who received different forms of analgesia for labor and delivery were questioned about pain during childbirth and asked whether they were satisfied with their method of analgesia. Epidural blocks resulted in the greatest pain relief, but many patients reported feeling deprived of the pain of labor and of the feeling of giving birth. Greater satisfaction was reported with intravenous than with intramuscular meperidine, although the total dose was less with the intravenous method. M. Hipp (Freiburg, West Germany) discussed the role of the midwife, and K. Marshall (Dublin, Ireland) that of the physiotherapist in antenatal and perinatal pain relief and care. J. F. Pearson (Cardiff, England) reviewed antenatal identification of infants at risk. He stressed the importance of recording fetal movements and offered a score: The Cardiff "count to ten" fetal-activity chart.

F. Sereni (Milan, Italy) presented a paper on the pharmacokinetics, placental transfer, and distribution in fetal tissue of drugs given to the mother. His views regarding the use of local anesthetics for epidural block were extreme. He suggested that exchange transfusion and hemodialysis might be necessary for treatment of the fetus with severe local anesthetic intoxication. At the discussion, no one present could recall a case in which the fetus might have needed such treatment after epidural block. B. Thalme (Stockholm, Sweden) reviewed neonatal resuscitation and G. Grossenbacher (Zurich, Switzerland) amplified on the role of the midwife in resuscitation of the newborn. M. Rosen (Cardiff, England) commented that the anesthesiologist, because of daily experience with intubation and ventilation of adults and children during anesthesia, was the most skilled member of the team in cases of resuscitation. It was suggested that because of improved antenatal and perinatal care, neonatal resuscitation may become more rare in the future, and

specialists other than anesthesiologists will not have the opportunity to develop these skills.

The proceedings of the Congress will be published under the title: "Obstetric Clinical Care," edited by Crawford, Wever, and Wilday. It will be available from the publisher: Elsevier/North-Holland Biomedical Press, Jan Van Galenstraat 335, P.O. Box 1527, Amsterdam, The Netherlands. The next European Congress of Obstetric Anaesthesia and Analgesia will be held in 1983 in Rome, Italy. Information: Prof. E. V. Cosmi, Via G. Marchi 3, Rome, Italy.

Participants in the European Congress who remained in Birmingham for an additional day were able to attend a joint scientific meeting of the Obstetric Anaesthetists Association (O.A.A.) and the Society for Obstetric Anesthesia and Perinatology (S.O.A.P.). This meeting consisted of research presentations by members of both organizations. J. W. W. Studd (London) measured cervical dilatation during epidural block and found that the latter had no effect on the duration of the first stage of labor but was associated with a twentyfold increase in rotational forceps delivery. B. P. Waldron (Nottingham, England) reported that dilute bupivacaine (24 ml, 0.125 per cent) had a longer time to onset, a longer duration of action, and better and more uniform spread than the same mass of a more concentrated solution (6 ml, 0.5 per cent). J. L. Shah (London) reported that the pressure in the epidural space of the woman in labor was positive, contrary to the widely held opinion that the pressure in most patients was negative. R. Husemeyer (Harrow, England) injected morphine into the epidural space but was not able to produce analgesia with this technique. J. P. Howe (Belfast, Northern Ireland) reported that cimetidine, a  $H_2$ -receptor antagonist, was more effective in preventing acid-aspiration syndrome than were antacids. G. Albright (Stanford, California) found that epinephrine added to local anesthetics injected into the epidural space improved intravillous perfusion even when the blood pressure dropped. F. M. James (Wake Forest, North Carolina) reported that nitroglycerin and sodium nitroprusside improved uterine blood flow in gravid ewes, and suggested that these drugs may be useful for treating hypertension in pregnant patients. B. A. Waldron (Nottingham, England) reported that ketamine, 2 mg/kg, body weight, caused an increase in intrauterine pressure in early pregnancy equal to that of ergotamine, 0.5 mg, but had no effect in late pregnancy. Lidocaine administered in early pregnancy and thiopental in late pregnancy had no effect on intrauterine pressure.

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