A20 (Poster 14)

DOES ETNICITY INFLUENCE LABOUR ANALGESIA *Braysbaw, S.; Duke, C.; Sashidharan, R. Anaesthesiology, The Royal London Hospital, London, United Kingdom* **Aims:** Ethnicity may influence pain , communication/relationships between patients and staff, and type of analgesia offered/administered. Studies in ER set up have confirmed(1) and refuted(2) this. We reviewd differences in type/usage of analgesia during labour. **Methodology:** We retrospectively reviewed 175 notes of women following normal delivery. We audited the type of analgesia and time first offered/used, in relation to time admitted in labour. Student T and Chi squared test was used for analysis. *$p<0.05$ was considered significant **Results:** Table **Discussion:** There is no ethnic difference in the time to offer/use of analgesia. Multip Asian mothers use pethidine and Caucasian mothers use epidurals as 1st analgesia. **Reference:** 1. Knox H etal. Annal of Emerg Med 2000;35:11-16 2. Choi DMA etal. BMJ 2000;320:980-1

	Asian (n=94)	Caucasian (n=51)
Age (mean)	18–40(25)	16–42(28)
Time to 1st analgesia (mean)	0–600min (74)	0–415min (55)
Type of 1st analgesia in primips	n=41	n=29
None	1	2
Entonox	31	15
Pethidine	5	6
Epidural	4	5
Type of 1st analgesia in multips	n=53	n=22
None	12	3
Entonox	36*	14*
Pethidine	3	0
Epidural	2	5*

A21 (Poster 15)

DOES ULTRA-LOW DOSE LABOR EPIDURAL ANALGESIA INFLUENCE EARLY BREASTFEEDING? *Reid, S.J.; Ly, D. Anesthesia, Grey Nuns Hospital, Edmonton, AB, Canada* **Introduction:** The influence of labor epidural analgesia on breastfeeding is controversial. (1) Few studies utilize low dose epidural solutions (2) or directly assess breastfeeding. The Infant Breastfeeding Assessment Tool (IBFAT) scores 4 major components of breastfeeding (3). This prospective single blinded observational study assessed breastfeeding postpartum and at 4 weeks. **Methods:** With ethics approval and informed consent, one researcher blinded to intrapartum analgesia used the IBFAT to assess breastfeeding newborns. Infants whose mothers had received ultra-low dose epidural analgesia (0.04% bupivacaine/fentanyl 2 mcgs per cc/ epinephrine 2 mcgs per cc) were compared to infants whose mothers had received no analgesia or Entonox (50:50 N2O/O2). An interview at 4 weeks identified full breastfeeding, partial or none. Data was analyzed by Chi square test. **Results:** 169 women were recruited. Intrapartum narcotics, instrumental delivery or C-section led to exclusion. 51 women remained in the epidural group and 39 in the none/Entonox group. There was no difference in neonatal weights or Apgars. There were more multiparas in the none/Entonox group: 30/39 vs 28/51 ($p=0.045$). IBFAT scores (Table) were not different. ($p=0.848$) 36 women in the epidural group and 28 in the none/Entonox group were fully breastfeeding at 4 weeks. 3 women in each group had stopped. There was no difference between the groups ($p=0.9032$). **Discussion:** Ultra-low dose epidural analgesia does not influence immediate breastfeeding behavior or success. **Reference:** 1. J Hum Lact 1997; 13:131-7 2. Birth 1999; 26:2:83-88 3. Midwifery 1988;4:154-165

IBFAT Score	Epidural (n)	None/Entonox (n)
10–12	25	17
7–9	22	18
0–6	4	4

A22 (Poster 16)

DOES EPIDURAL NALOXONE ALLEVIATE ITCHING FROM INTRATHECAL FENTANYL IN THE LABORING PARTURIENT? *Choi, K.; Fong, J.; Gadalla, F.; Alnigenis, E. Anesthesiology, Weill Medical of Cornell, New York, NY* **Introduction:** Pruritis is an undesirable effect of intrathecal narcotics used in combined spinal-epidural (CSE) analgesia for labor. Our aim was to determine if epidural naloxone alleviates itching caused by intrathecal fentanyl (ITF). **Methods:** With IRB approval, 20 ASA I-II laboring patients receiving CSE with 20 μg of ITF were double blind randomized into one of two groups. One group (NAL) received 40 μg of epidural naloxone every 10 minutes up to a total of 120 μg as needed to alleviate itching. The other group (NS) received epidural normal saline (0.1 ml) every 10 minutes for itching up to a total of three doses. Each drug was flushed in with 2 ml NS. In both groups, if itching persisted 30 minutes past initial treatment, intravenous naloxone was given, 40 μg every 10 minutes. Treatment was based on patient complaint with active scratching. Pruritis incidence and treatment were noted. Degree of itching was measured before CSE and every 5 minutes using a visual analog scale (VAS) of 0-100 with 100 representing extreme itching. Similarly, degree of pain relief (VAS) and duration were noted. Patient satisfaction with antipruritic medication was assessed on 1-3 scale with 1 being poor, 2 good, and 3 excellent. Data were analyzed using the t-test/Mann-Whitney test, Fisher's Exact Test, repeated measures analysis of variance , and analysis of covariance where appropriate. $P<0.05$ was considered significant. **Results:** Both groups had a 90% incidence of pruritis needing treatment. NAL had a higher rate of satisfaction (2.4 ± 1.07) with their anti-itch drug than NS (1.2 ± 0.42); NAL required less IV rescue naloxone, $P=0.008$. No differences existed between the groups with respect to itching VAS, pain VAS, pain relief duration, number of doses, or other demographic variables. **Conclusion:** Epidural naloxone seems effective in alleviating itching associated with ITF in laboring patients without affecting analgesia.

A23 (Poster 17)

THROMBOCYTOPENIA IN PREGNANCY: PLATELET FUNCTION ANALYZER (PFA-100) VS THROMBOELASTOGRAPH (TEG) *Davies, J.; Fernando, R.; Hallworth, S. Anesthesia, Royal Free Hospital, London, United Kingdom* **Introduction:** The PFA-100 is a new benchtop platelet function analyzer which measures the speed of platelet plug formation in vitro, expressed as Closure Time (CT) in seconds.[1] The aim of this study was to compare the performance of the PFA-100 and TEG in assessing platelet function in pregnancy-associated thrombocytopenia (platelet count $<150 \times 10^9 L^{-1}$). **Methods:** Following ethics committee approval blood samples were taken from 12 gestational thrombocytopenics, 2 immune thrombocytopenics, 9 thrombocytopenic preeclamptics and 2 HELLP syndrome patients. The thrombocytopenic patients were subdivided into 2 groups with platelet counts above ('TP>80') and below ('TP<80') 80. 80 healthy term women acted as controls. CT was measured with 3.2% citrated blood in a PFA-100 epinephrine cartridge; the maximum amplitude (MA) of 1% celite-activated blood was measured with a TEG 3000. Statistical analysis included ANOVA and linear trend ($P<0.05$). **Results:** Patient characteristics did not differ between groups. Mean CT for TP<80 far exceeded the upper limit of our pregnancy 95% reference range (69-136s) for CT. Mean MA for TP<80 was within our pregnancy 95% reference range (64-83mm) for celite activated blood. Significant linear trends were shown for CT and MA. **Conclusion:** Impairment of primary hemostasis with increasing severity of thrombocytopenia was clearly revealed by the PFA-100, less so by the TEG. The PFA-100 may prove a more sensitive method of determining platelet dysfunction in thrombocytopenic patients before regional anesthesia. **Reference:** 1. Blood Coagul Fibrinolysis 1999;10:25-31

(Data are mean ± SD)	Control (n=80)	TP>80 (n=18)	TP<80 (n=7)	P Value
Platelets x 10^9 L^{-1}	266.8 (86.9)	117.8 (18.5)	62.8(14.7)	
CT (s)	102.8 (16.7)	122.6 (23.9)	227.4(83.1)	<0.0001
MA (mm)	73.8 (4.7)	71.2 (2.8)	66.2 (4.3)	<0.0001