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PREGNANCY WEIGHT GAIN AND LABOR OUTCOME *Romeo, R.C. Ramanathan, S. Anesthesiology, Magee Womens Hospital, Pittsburgh, PA* Pregnancy is usually accompanied by weight gain which is variable (1). There is a controversy over the ideal weight gain for pregnant women. A weight gain of 10-12 Kg is accepted as the ideal. Approximately 9 Kg of this weight gain is due to the products of conception, maternal blood volume, breast enlargement and dependent maternal edema while the rest is due to fat accumulation (1). We wanted to see if excessive weight gain >11 Kg would be associated with any adverse labor outcomes. We collected CQI data from 858 nulliparous women receiving oxytocin augmentation and labor epidural infusion for analgesia. All patients were healthy with a singleton fetus and a vertex presentation. The patients were divided into two groups: those gaining < 11 Kg and those gaining > 11 Kg. The data are presented as the mean (1SD) where applicable (Table) and analyzed using t-test at $p < 0.05$. Age and height did not differ significantly between the two groups (Table). However, patients who gained < 11 Kg had a significantly higher prepregnancy weight than the other group. The mean weight gain was significantly greater in the higher weight gain group and so was the mean birth weight (Table). The percentages of normal spontaneous vaginal deliveries (NSVD) and instrumental deliveries were not significantly different between the two groups but the percentage of Cesarean section (C.S.) was significantly higher in the other higher gain group (Table). *Williams Obstetrics: Eds: Cunningham FG, MacDonald PC, Gant NF: Norwalk, Appleton & Lange, 18th edition, p 262.*

	≤11Kg n=151	>11 Kg n=707	p
Age	27 (6.4)	27 (6)	NS
Height (cm)	164 (7)	164 (8)	NS
Prepreg weight (Kg)	70 (19)	62 (12.23)	0.000
Preg weight (Kg)	78 (19)	80.62 (13)	0.007
Weight Gain (Kg)	7.5 (6)	17.9 (4.7)	0.000
Birth weight (Kg)	3.12 (0.57)	3.39 (0.49)	0.000
NSVD (%)	75	71	NS
C.S. (%)	2.5	7.9	0.003
Instrumental (%)	19.8	17.5	NS

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EPIDURAL-PCA FOR LABOR PAIN: DO MULTIPARAE REQUIRE LESS EPIDURAL MEDICATIONS THAN PRIMIPARAE? *Cohen, S.; Denenberg, H. Bokhari, F.; Farooq, T.; Burley, E.; Grosu, V.; Spears, L.; Freeman, L.; Barsoum, S. Anesthesiology, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ* Introduction: We speculated that following a previous delivery, multiparae would experience less labor pain & require less epidural analgesics. The addition of opioids & epinephrine to ropivacaine improved labor epidural analgesia. This study was designed to determine whether multiparae pts have less labor pain and require less epidural-PCA medications. Methods: 134 primiparae & 112 multiparae received: ropivacaine 0.1%, sufentanil 4 µg/ml, epinephrine 2 µg/ml as a 15 ml loading dose followed by infusion 4 ml/hr; PCA dose of 4 ml lock-out 10 min (Abbott pump). Following loading dose, (time=0) pts rated their pain score. If at time=20 min, VAS > 3, pts were given 5 ml bolus q 10 min for a max of 3 doses until VAS<3. If still unsatisfied, pts were rescued with 5 ml of ropivacaine 0.25% q 10 min to a max of 20 ml & infusion rate was increased by 2 ml/hr to a max 12 ml/hr. Pain & side effects were evaluated hourly. Pts rated their satisfaction for 1st stage, 2nd stage and overall. Mean ±SD. $p < 0.05$. Results: There were no differences among the groups with respect to weight, height, initial cervical dilation, oxytocin required, time to full satisfaction, 1st & 2nd stage & overall satisfaction, hypotension, sedation, nausea, vomiting, urethral catheterization, pruritus, naloxone required or motor block 5 (modified Bromage scale). Pain scores were satisfactory (2) & similar for both groups except for the 1st. hr. No neonate had Apgar score < 7 at 5 min. Neonatal neurobehavioral assessment score was ≥35 (max score=40) for all infants at 1 & 24 hrs. Discussion: When compared with primiparae, multiparae were older, required equivalent doses of epidural medications, had similar pain scores and side effects, lower C/S rate and delivered larger babies.

	Group I	Group II	
Age (yrs)	26.9±6.3*	30.8±5.7	*I〈II, p〈0.00001
Infus. Duration (min)	391.1±304.4	244.7±194.5*	*II〈I, p〈0.00001
Stage 1 Duration (min)	637.2±292.7	468.4±259.7*	*II〈I, p〈0.00001
Stage 2 Duration (min)	75.3±57.1	33.4±39.5	
Initial Pain Score 0-10	8.2±1.9	7.2±2.5*	*II〈I, p〈0.0004
ROM to del. (min)	471.6±304.3	340.6±312.4*	*II〈I, p〈0.007
Pain Score Stage 1 hr 1	0.6±1.1*	1.0±1.7	*I〈II, p〈0.03
Vol. Infused/Dur (ml/hr)	9.2±4.3	10.2±5.4	
PCA vol/dur (ml/hr)	2.1±2.0	2.4±2.4	
Attempts/dur (#/hr)	1.3±2.2	1.2±1.8	
Extra bolus/dur ml/hr	1.1±2.1*	2.0±3.6	*I〈II, p〈0.02
0.25% Ropiv/dur ml/hr	0.1±0.4	0.2±1.1	
Cesarean Delivery %	33 (25)**	5 (4.5)	**II〈I, p〈0.00001
Baby Weight (gm)	3325.3±520.8*	3487.2±492.9	*I〈II, p〈0.02