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FIBEROPTIC INTUBATION IN PARTURIENTS UNDERGOING CESAREAN SECTION *Krasuski, P. Shukla, N.; Wali, A.; Lim, Y.; Vadhera, R.; Longmire, S.; Munnur, U.; Rivers, J.; Tran, C.; Palacios, Q.; Suresh, M.S. Anesthesiology, Baylor College of Medicine, Houston, TX* Parturients with a known difficult airway presenting for cesarean delivery are successfully managed with regional anesthesia. However, if regional anesthesia is contraindicated or unsuccessful, securing the airway by a safe and reliable technique, before induction of general anesthesia, becomes critical. The purpose of this retrospective review was to determine: urgency of surgery, indications for fiberoptic intubation (FOI), the methods used to anesthetize the airway, number of attempts at FOI, time required to secure the airway, and maternal/neonatal outcome. After IRB approval, the records of all cesarean sections under general anesthesia performed at Ben Taub General Hospital between 1992 and 2001 were reviewed. Forty-nine (31 electives; 18 urgent/emergencies) patients required FOI and these records underwent further analysis. The criteria for difficult airway included the presence of 2 out of 3 parameters: Mallampati Class III/IV, decreased thyromental distance, and decreased atlanto-occipital joint extension. The indications for general anesthesia in patients predicted to have difficult airway were: failed regional anesthesia (15), patient's preference (6), urgency of surgery (18), other medical problems precluding administration of regional anesthesia (10). In 45 cases, FOI was an initial approach to airway management whereas in 4 cases FOI was attempted after failed direct laryngoscopy and failed intubation. Topical anesthesia included 10% lidocaine spray and transtracheal block with 4% lidocaine. In 2 cases, no anesthetic was used and patients were intubated using fiberscope through laryngeal mask airway. In all cases, the airway was secured at first attempt using FOI. The time from FOI to induction of general anesthesia for emergencies was approximately 3 mins; for urgent cases (failure to progress), it was 3-20 mins; and for elective cesarean from 5-35 mins. Apgar scores in neonates delivered emergently were from 1-8 @ 1 min, and 7-9 @ 5 mins. Apgar scores in elective cases were 2-9 @ 1 min and 6-10 @ 5 mins. FOI is a safe and reliable technique of airway management. A minority of anesthesiologists perform an awake FOI, despite a majority having access to a flexible fiberscope.1 A majority of obstetric anesthesiologists (88%), opine that one should be skilled in performing FOI. However, only 38% who had not previously performed an awake FOI in a parturient are confident to perform one.2 Based on our study, some parturients with difficult airway/failed intubation require FOI. Therefore, we recommend that all anesthesiologists caring for parturients with difficult airway should be skilled in FOI technique. *1. Kristensen MS, Acta Anaesthesiol Scand 2001;45:1181-1185. 2. Popat MT, IJOA 2000;9: 78-82.*

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DOES THE TYPE OF PRENATAL CAREGIVER INFLUENCE THE RATE OF EPIDURAL USAGE AMONG PARTURIENTS? *Friedman, J.D.[1] Ramin, K.D.[1] Vasdev, G.M.[2] Ramsey, P.S.[1]* 1. Obstetrics and Gynecology, Mayo Clinic, Rochester, MN; 2. Anesthesiology, Mayo Clinic, Rochester, MN A growing number of pregnant women are receiving prenatal care from Certified Nurse Midwives (CNM). We sought to evaluate the effect type of prenatal caregiver (Family Medicine [FM], CNM, or Obstetrics [OB]) has on the rate of epidural usage among parturients. A retrospective review of our IRB-approved obstetric and anesthesia electronic databases from January 1997 to September 1999 was performed, a time that coincided with a full complement of CNMs. The type of prenatal caregiver (FM, CNM, OB), nulliparity, and epidural usage for pain control in labor was determined. Demographic data included: maternal age (years), race, gestational age (weeks), and newborn birthweights (g). Student's T-test and Chi square analysis were used where appropriate and $P < 0.05$ as significant. From January 1997 to September 1999, 4711 women were delivered at our institution. There were no significant differences among these groups in regard to maternal age, race, gestational age, and newborn weight. Overall, the epidural rate for the entire population was 73%. Table 1 is the rate of epidural utilization by provider for all parturients. Among nulliparous women cared for by FM or CNM, the rate of epidural usage was not significantly different (74% vs 61%; P = 0.06). The overall rate of epidural usage was different when evaluated by type of prenatal caregiver for all parturients. However, the rate of epidural usage among nulliparous women did not differ significantly when cared for by FM or CNM. The trend for nulliparous women selecting OB as their prenatal caregiver may reflect their desire for epidural analgesia in labor.

	Total N = 4704 (%) P = 0.001	Epidural (%) P = 0.001	Nulliparous N = 2733 (%) P = 0.001	Epidural (%) P = 0.02
FM	607 (13)	413 (68)	273 (10)	204 (74)
CNM	176 (4)	54 (31)	57 (2)	35 (61)
OB	3921 (83)	2966 (76)	2303 (88)	1541 (67)

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