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# Uses of intrathecal opioids in obstetric analgesia

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Since child birth should be the most pleasant for the anesthetists and obstetricians. Labour pain increases maternal plasma catecholamine concentration. The raised catecholamine levels have been implicated in causing reduced uterine blood flow, dysfunctional labour and fetal heart rate abnormalities (Cascio, et al., 1997). The ideal procedure to relieve pain should be safe for mother and child being non toxic and non depressant to the uterine contraction which causes prolonged labour. It should also produce efficient relief of pain without affecting patient's consciousness. Intrathecal opioids have become a popular method of providing analgesia to laboring patients. (Norris MC, et al., 1996). Initiation of epidural analgesia is often delayed until labour is well advanced for fear that the motor block and concomitant bed rest may slow or arrest the labour pattern. (Steven M., et al., 1998). The use of intrathecal opioids is an alternative to epidural local anesthetics for the relief of labour pain. It may have certain advantages over epidural local anesthetics including absence of motor blockade, which may occur with epidural local anesthetics even with the reduced concentrations that are currently used, and more rapid onset of analgesia than epidural local anesthetic (Mandell GI, et al., 1996). The ability to bring about rapid relief of pain without an apparent effect on labour pattern and rare motor blockade has led many obstetricians to request spinal opioids (Herman, et al., 1997).