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Labour pains: is pethidine the answer?

Epidural analgesia should be considered over any systemically administered analgesia in labour, according to rural general practitioner Dr Richard Watts in the latest edition of *Australian Prescriber*.

“Pethidine has been used in the management of labour pain since 1940. From that time pethidine has become the most widely used systemically administered opioid for obstetric analgesia,” said Dr Watts.

After considering the evidence, Dr Watts concludes: “Pethidine administered systemically has little place in the management of labour pain because it is minimally effective, has significant adverse effects for mother and baby, and does little more than sedate the patient.”

The side effects experienced by women in the clinical trials examined in *Australian Prescriber* were considerable. Pethidine significantly increased the feelings of sedation, dizziness, nausea and vomiting in patients given pethidine during labour, reducing the quality of the birthing experience.

The absorption of pethidine after injection into the buttocks is impaired in pregnant women. The doses required to achieve pain relief are high enough to have a significant impact on the mother’s birthing experience and increase the risk of adverse effects in the baby.

There are risks for the baby if pethidine has been used to control labour pain. These include respiratory depression, impaired infant movements and failure to breast feed.

For the complete article visit the *Australian Prescriber* web site www.australianprescriber.com *Australian Prescriber*, an independent review providing critical commentary on therapeutic topics for health professionals, is published by the National Prescribing Service (NPS). NPS is an independent Australian organisation for Quality Use of Medicines. For further information about NPS visit the web site www.nps.org.au

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