

Obstetric analgesia and anaesthesia

Excerpta Medica - Obstetric Analgesia and Anesthesia

	Bupivacaine (Prilocaine)	Urocanic acid (Procaine)	Ropivacaine (Naropine)	Chloroprocaine (Nesacaine)	Depotocaine (Bupivacaine)
Potency	11	23	5-12	3	1-10
Doubling	11	14.5	4.4	1	1.4
Stability	Stable	Stable	Stable	Stable	Stable
Total maximal dose	50-100 mg	350-500 mg	175-200 mg	100-1000 mg	300-500 mg
Infiltration Concentration	0.05-0.1%	0.5-1%	0.25%	0.5%	1.25-5%
Dose	10-20 ml	35-50 ml	5-10 ml	3.5 ml	5-10 ml
Duration	1-2 h	1-2 h	1-2 h	3-6 h	18-48 h
Spinal Concentration	0.25-0.5%	1-2%	0.15-0.5%	2%	1.5-5%
Dose	20-30 ml	10-20 ml	20-30 ml	10-20 ml	30-60 ml
Duration	3-4 h	2-4 h	4-12 h	3-6 h	5-14 h
General Concentration	-	1-2%	0.6-0.9%	2%	0.5-1%
Dose	-	5-10 ml	10-20 ml	5-10 ml	10-20 ml
Duration	5-12 h	5-12 h	5-12 h	5-12 h	5-14 h
Subarachnoid Concentration	0.25-1%	2.5%	1.5-2.5%	2%	1.5%
Dose	5-10 ml	40-100 mg	17.5-35 mg	35-50 mg	50-125 mg
Dose	Fast	Fast	Fast	Fast	Fast
Duration	90-200 min	45-90 min	75-150 min	36-45 min	75-150 min

Description: -

- Psychotherapy.

Adolescence.

Juvenile delinquency.

Anesthesia, Obstetrical.

Analgesia.

Analgesia.

Anesthesia in obstetrics. Obstetric analgesia and anaesthesia

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ACOG Practice Bulletin No. 209: Obstetric Analgesia and Anesthesia

Labor pain may cause significant physiological effects on the mother, fetus, and labor course. Labor analgesia must ensure maternal and fetal safety, be adjusted to individual pain tolerances, and accommodate the evolving nature of labor pain and delivery.

ACOG Practice Bulletin No. 209: Obstetric Analgesia and Anesthesia

AB - This chapter provides an overview of obstetric analgesia and anesthesia clinical techniques that offer significant benefit to laboring patients and are essential for operative delivery. General anesthesia is used in obstetric practice when regional anesthesia is contraindicated or when a maternal or fetal emergency requires a rapid, reliable anesthetic. Please enter an e-mail address that you check often.

Obstetric Analgesia and Anesthesia

There is no other circumstance in which it is considered acceptable for an individual to experience untreated severe pain that is amenable to safe intervention while the individual is under a physician's care. Appropriate attention in the prenatal period to patient education regarding these options is imperative. Women and their support people should be involved in the discussion of anesthesia and analgesic options.

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If cesarean section is necessary, consideration of regional or general anesthesia is appropriate. Nonmembers: Subscribe now to access exclusive ACOG Clinical content, including: ACOG Clinical is designed for easy and convenient access to the latest clinical guidance for patient care. In the absence of a medical contraindication, maternal request is a sufficient medical indication for pain relief during labor.

Obstetric Analgesia and Anesthesia

Many women desire pain management during labor and delivery, and there are many medical indications for analgesia and anesthesia during labor and delivery. Labor pain may cause significant physiological effects on the mother, fetus, and labor course. Effective management of labor pain requires an understanding of the dynamic labor process.

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OBSTETRIC ANALGESIA AND ANESTHESIA

Although the availability of different methods of labor analgesia will vary from hospital to hospital, the methods available within an institution should not be based on a patient's ability to pay. Many women desire pain management during labor and delivery, and there are many medical indications for analgesia and anesthesia during labor and delivery.

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