Obstetrical Practice and Labour Analgesia at Women's College 50 Years Back

Presenting Author: Hanan Q AL-Turkistany MD
Presenting Author's Institution: Women's college hospital - Toronto, On
Co-Authors: Stephen Halpern MD - Women's college - Toronto, on

Introduction: a manual log entry for each delivery that occurred between 1958 and 1994. These log books were recently found. We used the log book from 1960 to describe obstetric practice and obstetric analgesia techniques from 50 years ago at our centre.

Methods: After REB approval we conducted this study. The log books contained information about maternal and neonatal condition, mode of delivery and anesthetic or analgesic interventions. We extracted information about the mode of delivery, type of analgesia and the condition of the neonate in a 3 month period between Jan 1, 1960 and Mar 31 1960. The data were entered into a Microsoft Access database. Descriptive statistics were used for analysis.

Results: during the time period between Jan 1- 1960 –March 31- 1960 there were 673 deliveries. The type of labor analgesia used is shown in Table 1. Of the 673 patients 636 had vaginal delivery and 37 patients delivered via cesarean section. 632 patients out of 673 patients had received anaesthesia. At that time 7.4% of patients received general anesthesia for vaginal delivery. In addition, 37% received epidural analgesia for second stage of labor.

The use of forceps was a common practice and accounted for40% of deliveries (Table 2). The cesarean section rate was only 5.4%. The neonatal outcome was evaluated as “good” (n=306), satisfactory(n=294)neonates , fair(n=12)neonates, Poor (n=7)neonates or stillborn(n=2) neonates . Apgar scores were not used in our center at that time.

Summary: We found that 50 years ago, there was a high incidence of epidural analgesia, although catheter techniques were not used. Very few women did not request analgesia. Compared to modern practice, the incidence of operative delivery has changed very little, although the incidence of cesarean section was much lower and the incidence of forceps delivery was much higher. Although the practice of both obstetrics and obstetrical analgesia was different, the safety record from 1960 was quite good.

Table 1
Type of anesthetic Numbers Percentage
General 50 7.4
Epidural 250 37
Spinal 1 0.1
Local 51 7.6
N2O 257 38.2
Cyclopropane 147 21.8
Trilene 11 1.6
None 41 6.1

Table2
Type of delivery Numbers Percentage
Low forceps 181 26.9
Mid forceps 81 12
High forceps 1 0.1
Outlet forceps 10 1.5
Cesarean section 37 5.4