Peripartum Analgesia in Grand-Grand Multiparous (≥10 Births)

Abstract Type: Original Research
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**Background:** There have been no prospective studies of use of epidural analgesia/anesthesia for labor/delivery in grand-grand multiparous (GGMP) women relative to older women with lower parity. The aim of this study was to compare outcome related to analgesia for labor/delivery in GGMP to that in similar-aged women with lesser parity.

**Methods:** This was a prospective observational study of older gravid women. All laboring women in a 6-month period admitted to a tertiary Israeli center were included in this study if they were older than 36 years old and had had 1-2 previous births (Low Parity; n=128) or 4-5 previous births (Medium Parity; n=181), and all women with ≥10 births (any age; n=187). Primary outcome was comparison of requests for and use of epidural analgesia for labor/delivery.

**Results:** There were no significant differences in requests for or use of epidural analgesia (46.5%-59.4%) across parity groups. Percent of women receiving general (6%-9%), spinal (85%-86%), or epidural (2.5%-8%) anesthesia for cesarean sections and conversion rates from regional to general anesthesia (0-3%) across parity groups were comparable. Time from admission to epidural administration (range mean times: 168-187 minutes) and from advent of epidural to delivery (range mean times: 155-160 minutes) were comparable across parity groups. Induction rates (1.1%-5.5%) and ancillary analgesia (5.8%-8%) were not significantly different.

**Conclusions:** Epidural use and other anesthesia for labor/delivery were comparable in older gravid women and not correlated with parity. Adverse events in all groups were low, probably because of good antenatal care.