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Painkiller could cut number of epidurals in half

THOUSANDS of mothers could be spared epidurals if doctors switched to a more effective painkiller, a study suggests.

Experts found that remifentanil – a drug barely used by the NHS – was far more effective than pethidine, which is given to about 250,000 women a year.

Pethidine is an injection routinely given to around a third of the women who give birth per year in the UK.

But about 40 per cent end up needing an epidural anyway. If remifentanil was more widely used, the researchers suggested, it could slash the number of women who go on to have one by as much as half.

An epidural involves inserting a local anaesthetic into the space between two vertebra in the spine – removing all feeling from the waist down.

It offers extremely effective pain relief, but is an invasive procedure that can slow down labour and increase the chance of needing a forceps birth. This can lead to further complications and women spending longer in hospital.

The study – led by the universi-

ties of Birmingham, Sheffield and Nottingham – found using remifentanil instead of pethidine more than halved the rate of subsequent epidurals from 41 per cent to 19 per cent.

Researchers also found that the average pain score women reported during their labour, on a scale of zero to 100, was significantly lower in the group given remifentanil, which is delivered through a drip that women can control with a handheld device to give pain relief to coincide with

contractions. The authors said hospitals should now routinely offer remifentanil.

The findings of the study, funded by the NHS's National Institute for Health Research and published in the *Lancet* medical journal, were based on 400 women giving birth at 14 UK hospitals.

Chief investigator Dr Matthew Wilson, of the University of Sheffield, said: 'While pethidine is commonly used in labour, its effectiveness in terms of pain

relief has long been challenged and its shortcomings are more serious when set against known side effects which include women feeling sedated and nauseous; it can also transfer to the baby via the placenta producing side effects.'

Professor Christine MacArthur, of the University of Birmingham, added: 'While we were anticipating fewer women who had been given remifentanil patient-controlled analgesia (PCA) to go on to have an epidural, we

did not expect to show that the epidural rate could be halved.

'The results of the trial provide strong evidence that remifentanil PCA should be routinely offered as an alternative to pethidine and should be rolled out at hospitals across the UK.

'Not only would it provide women with a more effective pain relief option in labour, it could significantly reduce the number of epidurals and the associated higher rates of instrumental births, in turn potentially reducing the financial burden on the NHS.'

Dr Wilson said there 'was also no difference in the health of babies born to women who received remifentanil'.

However, consultant obstetrician Dr Pat O'Brien, of the Royal College of Obstetricians and Gynaecologists, urged caution. 'While this is a large study... more research will be needed to replicate these findings and change standard of clinical practice,' he said.

'But it does offer evidence which can be used in discussions between a woman and her midwife and/or obstetrician when making a decision about which pain relief to use during birth.'