O que precisamos saber sobre analgesia de parto?

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Potenciais conflitos de interesse mantidos atualizados em www.gabriel.med.br


MYTHBUSTERS

A dor do parto não faz mal...

UpToDate®

→ ADVERSE CONSEQUENCES OF LABOR PAIN

The pain of labor produces physiologic changes, and may be associated with potential emotional distress and suffering, (table 1) [9]. Pain causes a neuroendocrine stress response, with effects on multiple maternal and fetal organ systems [9]. The cardiopulmonary physiologic responses to pain are usually well tolerated by healthy parturients with normal pregnancies, but may be of more concern in parturients with cardiopulmonary disease or preeclampsia and at risk fetuses. Most of these effects can be reduced or eliminated with effective pain relief. (See "Anesthesia for labor and delivery in high-risk heart disease: General considerations" and "Anesthesia for the patient with preeclampsia", section on 'Labor analgesia'.)

https://www.uptodate.com/contents/pharmacologic-management-of-pain-during-labor-and-delivery?sectionName=ADVERSE%20CONSEQUENCES%20OF%20LABOR%20PAIN&search=labor%20analgesia&topicRef=101803&anchor=H5&source=see_link#H5

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ATENÇÃO:

Coronariopatas
Valvulopatas
Pré-eclâmpsia
Aneurisma cerebral
Aneurisma de aorta
Hipertensão pulmonar
Dor crônica

https://www.uptodate.com/contents/pharmacologic-management-of-pain-during-labor-and-delivery?sectionName=ADVERSE%20CONSEQUENCES%20OF%20LABOR%20PAIN&search=labor%20analgesia&topicRef=101803&anchor=H5&source=see_link#H5

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Neurohumoral effects — Neurohumoral responses to stress and pain may adversely affect placental perfusion and fetal oxygenation, and may be reversed by analgesia. Elevated plasma catecholamines increase maternal peripheral vascular resistance and decrease uteroplacental perfusion. Studies in pregnant sheep have found that pain increased circulating catecholamines and significantly decreased blood flow to the uterus [16]. In pregnant primates, stress and pain were shown to lower fetal oxygenation, cause fetal acidosis, and slow fetal heart rate [17,18]. Removal of the stressful stimulus or sedation with pentobarbital or nitrous oxide reversed these changes.

https://www.uptodate.com/contents/pharmacologic-management-of-pain-during-labor-and-delivery?sectionName=ADVERSE%20CONSEQUENCES%20OF%20LABOR%20PAIN&search=labor%20analgesia&topicRef=101803&anchor=H5&source=see_link#H5

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Dor→Catecolaminas→
Redução da oxigenação fetal
Analgesia reverte

ATENÇÃO:
Fetos limítrofes podem não tolerar os efeitos da dor.

https://www.uptodate.com/contents/pharmacologic-management-of-pain-during-labor-and-delivery?sectionName=ADVERSE%20CONSEQUENCES%20OF%20LABOR%20PAIN&search=labor%20analgesia&topicRef=101803&anchor=H5&source=see_link#H5

DOI: 10.1111/j.1471-0528.2011.02906.x
www.bjog.org

Systematic review

Early versus late epidural analgesia and risk of instrumental delivery in nulliparous women: a systematic review

MMLH Wassen,[a] J Zuijlen,[b] FJME Roumen,[c] LJM Smits,[d] MA Marcus,[e] JG Nijhuis[a]

[a] Department of Obstetrics and Gynaecology, Maastricht University Medical Centre, Maastricht [b] University of Maastricht, Maastricht [c] Department of Obstetrics and Gynaecology, Atrium Medical Centre Parkstad Heerlen, Heerlen [d] Department of Epidemiology, Maastricht University Medical Centre, Maastricht [e] Department of Anaesthesiology and Pain Treatment, Maastricht University Medical Centre, Maastricht, the Netherlands

Correspondence: Dr MMLH Wassen, Department of Obstetrics and Gynaecology, Maastricht University Medical Centre, P. Debyelaan 25, PO 5800, 6202 AZ, Maastricht, the Netherlands. Email martine_wassen@hotmail.com

Main results The search retrieved 20 relevant articles, of which six fulfilled the selection criteria of inclusion. These six studies reported on 15 399 nulliparous women in spontaneous or induced labour with a request for analgesia. Risk of caesarean delivery (pooled risk ratio 1.02, 95% CI 0.96–1.08) or instrumental vaginal delivery (pooled risk ratio 0.96, 95% CI 0.89–1.05) was not significantly different between groups.

Authors' conclusions This systematic review showed no increased risk of caesarean delivery or instrumental vaginal delivery for women receiving early epidural analgesia at cervical dilatation of 3 cm or less in comparison with late epidural analgesia.

Útero: musculatura lisa (como coração)
Caso fosse afetado por bloqueio axial, provocaríamos atonia.

Efeito paradoxal: adrenalina provoca relaxamento. Analgesia intensa aguda: taquissistolia uterina transitória: monitorar.

Systematic Review

Chinese Medical Journal®

Concerned topics of epidural labor analgesia: labor elongation and maternal pyrexia: a systematic review

Cai-Juan Li, Fan Xia, Shi-Qin Xu, Xiao-Feng Shen

Department of Anesthesiology, Women's Hospital of Nanjing Medical University, Nanjing Maternity and Child Health Care Hospital, Nanjing, Jiangsu 210004, China.

14,326 participants compared early and delayed initiation of EA by the incidence of cesarean delivery

Conclusions: Early EA (cervical dilation ≥1 cm) does not increase the risk for cesarean section. Continuous epidural application of low doses of analgesics and programmed intermittent epidural bolus do not prolong second-stage labor duration or impact maternal and neonatal outcomes.

Archives of Gynecology and Obstetrics (2018) 298:89–96
https://doi.org/10.1007/s00404-018-4777-6

MATERNAL-FETAL MEDICINE

The effect of labor epidural analgesia on maternal–fetal outcomes: a retrospective cohort study

Qian Wang[1] · Sheng-Xing Zheng[1] · Yu-Fei Ni[1] · Yuan-Yuan Lu[1] · Bing Zhang[1] · Qing-Quan Lian[1] · Ming-Pin Hu[1]

Received: 3 August 2017 / Accepted: 19 April 2018 / Published online: 18 May 2018

n=15415

Conclusion: Implementation of labor epidural analgesia increased the vaginal delivery rate and use of labor epidural analgesia is safe to parturients and fetus

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Received: 3 August 2017 / Accepted: 19 April 2018 / Published online: 18 May 2018

Pain Physician 2020; 23:175-201 • ISSN 1533-3159

Narrative Review

Analgesic Efficacy and Adverse Effects of Meperidine in Managing Postoperative or Labor Pain: A Narrative Review of Randomized Controlled Trials

Conclusion: Considering the availability of other effective analgesics with potentially fewer side effects, the use of meperidine for acute postoperative or labor pain should not be recommended.

Key words: Acute postoperative pain, adverse effects, labor analgesia, meperidine, pethidine

Pain Physician 2020: 23:175-201

Dolantina / Meperidina:

Opioide FRACO

Risco alto de adição

Ultrapassa barreira placentária

Depressão respiratória fetal

Metabólito ativo

Piores desfechos fetais

Taquicardia materna

“Push” materno

Analgesia para cardiopatas graves (USP):
Valsalva → risco alto de óbito..
(pode ser mãe cardiopata ou feto frágil)

Solução:

Decisão compartilhada desde o início

Educação precoce das pacientes (pré-natal)

Transparência

Respeito à paciente, ao obstetra, à enfermagem, à anestesia..

Analgesia regional

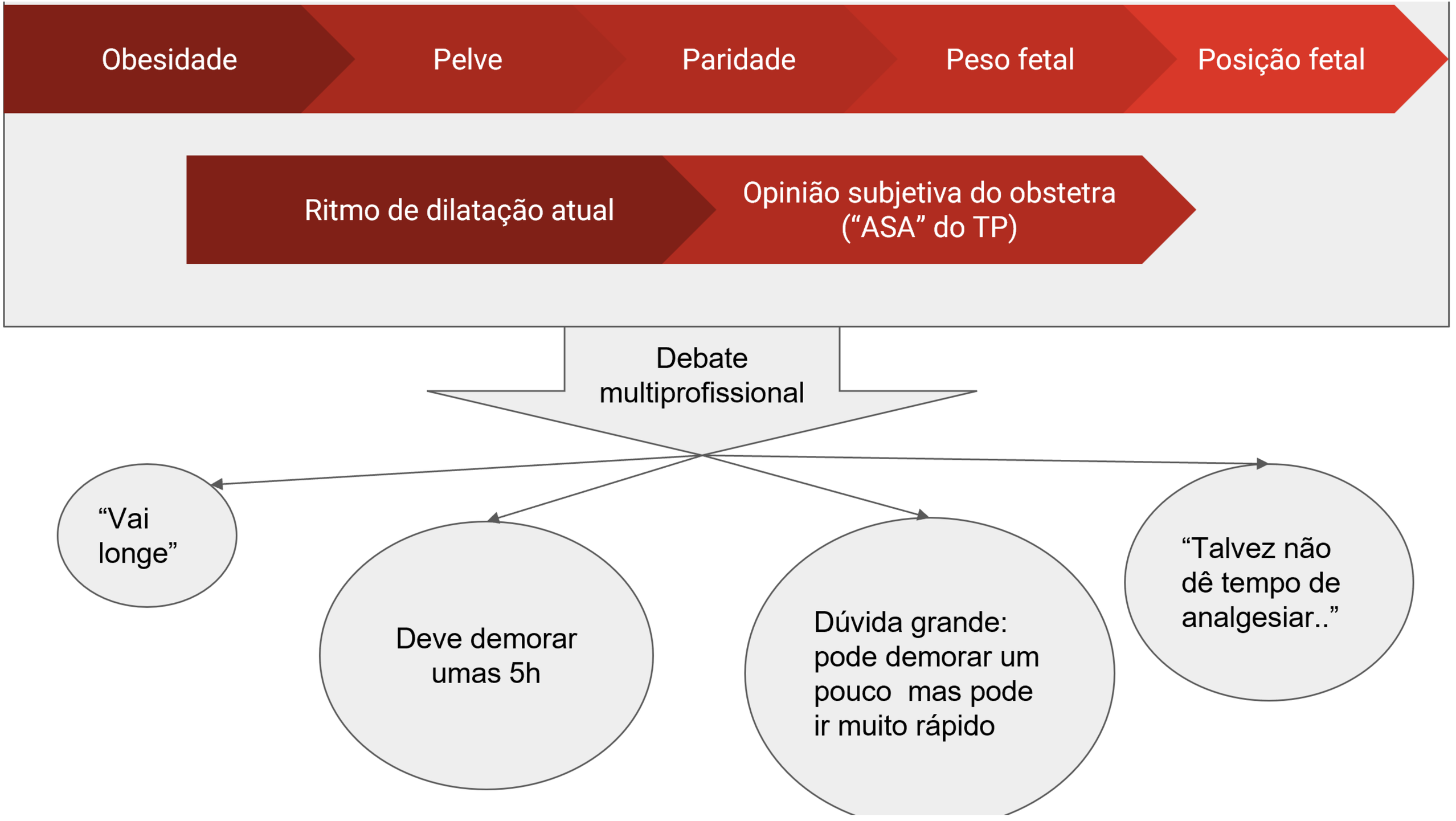
44 A analgesia regional deve ser previamente discutida com a gestante antes do parto, e seus riscos e benefícios devem ser informados.

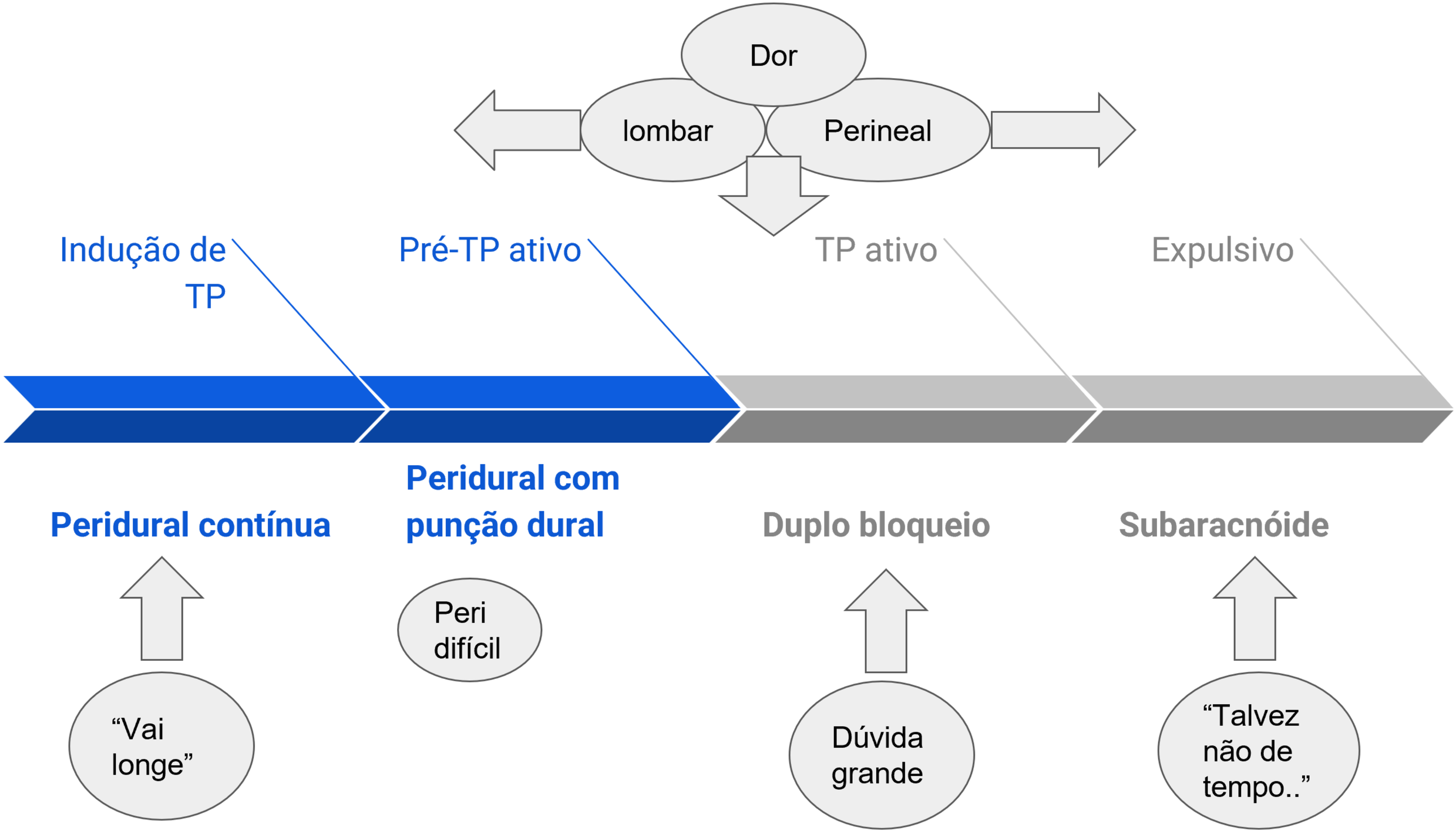
45 As seguintes informações devem ser oferecidas à mulher:

- a analgesia regional só está disponível no ambiente hospitalar;
- é mais eficaz para alívio da dor que os opióides;
- não está associada com aumento na incidência de dor lombar;
- não está associada com primeiro período do parto mais longo ou aumento na chance de cesariana;
- está associada com aumento na duração do segundo período do parto e na chance de parto vaginal instrumental;
- necessita de nível mais elevado de monitoração e a mobilidade pode ser reduzida.

Fonte: diretriz nacional de assistência ao parto normal. Ministério da Saúde, Brasil.

Para escolha da técnica ANALGÉSICA precisamos de previsão da velocidade do TP


Obesidade
Pelve
Paridade
Peso fetal
Posição fetal
Ritmo de dilatação atual
Opinião subjetiva do obstetra ("ASA" do TP)
Debate multiprofissional
"Vai longe"
Deve demorar umas 5h
Dúvida grande: pode demorar um pouco mas pode ir muito rápido
"Talvez não dê tempo de analgesiar.."


Dor
lombar
Perineal
Indução de TP
Pré-TP ativo
TP ativo
Expulsivo
Peridural contínua
Peridural com punção dural
Duplo bloqueio
Subaracnóide
Peri difícil
“Vai longe”
Dúvida grande
“Talvez não de tempo..”

Analgesia → dieta líquida sem resíduos:

agua de côco
maltodextrina
água

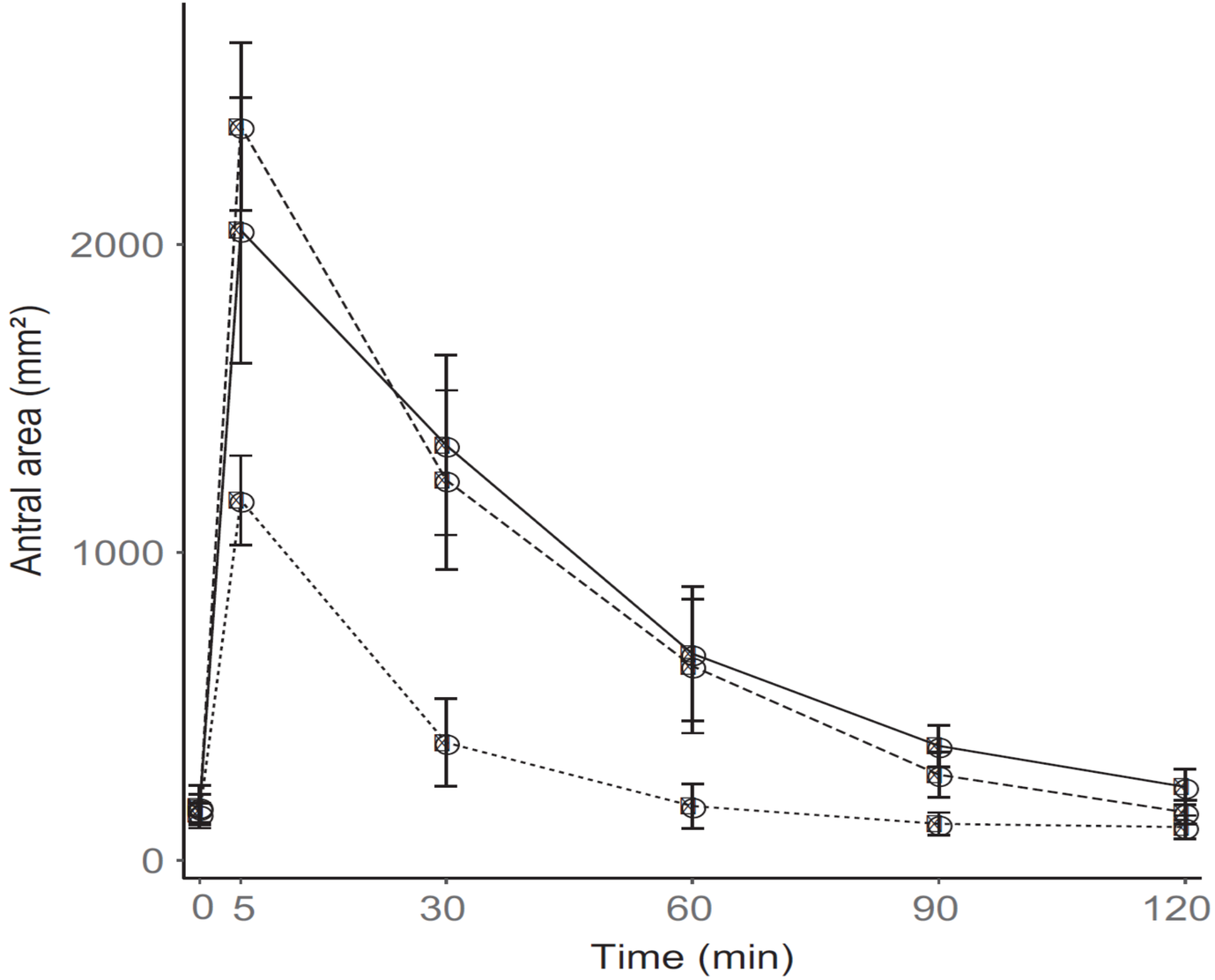
Anaesthesia 2019 doi:10.1111/anae.14671

Original Article

Assessment of gastric emptying of maltodextrin, coffee with milk and orange juice during labour at term using point of care ultrasound: a non-inferiority randomised clinical trial

A. C. Nascimento,[1] **C. S. Goveia,**[2] **G. M. N. Guimarães,**[2] **R. P. L. Filho,**[1] **L. C. A. Ladeira**[3] and **H. B. G. Silva**[2]

1 Resident, Department of Anaesthesia, 3 Head of Operating Theatres, Brasilia University Hospital, Brasilia, Brazil
2 Professor, Department of Anaesthesia, University of Brasilia, Brazil



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2 Professor, Department of Anaesthesia, University of Brasília, Brazil

Analgesia = acompanhamento em equipe mais intenso

Mais crítico: primeiros 15-20min, BCF

Um anestesiologista = uma paciente por vez até o fim..

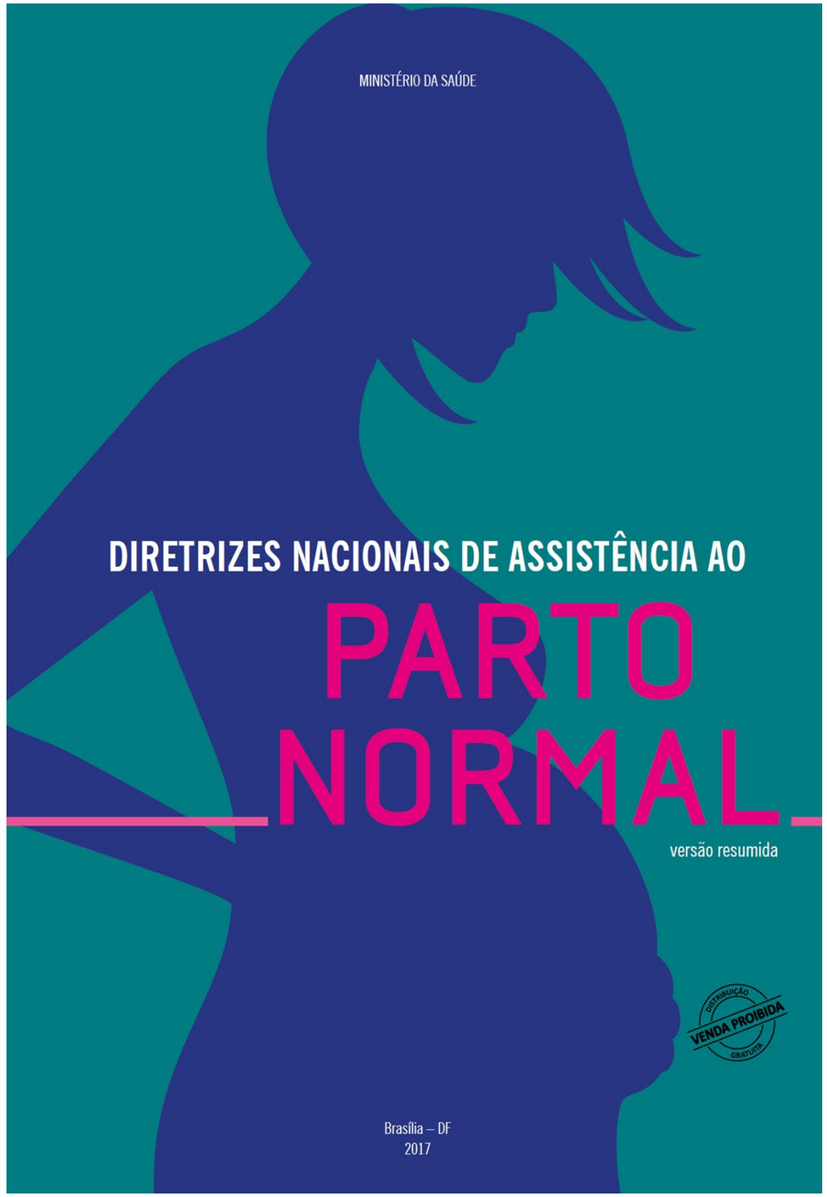
Anestesista sem experiência..

Obstetra sem experiência..

→ Fellow!

O que preciso saber/fazer:

Dor não é inofensiva
Analgesia precoce é segura
Analgesia não é supérflua
Analgesiada não pode ser abandonada
Dolantina, não!
Trabalho em equipe / respeito
Água / Maltodextrina



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