

The effect of epidural analgesia on maternal and early neonatal outcomes, in Qatar State.

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Abstract

Purpose: We aim to describe the maternal and neonatal morbidities associated with labour epidural analgesia. **Methods:** This was a retrospective cohort data analysis of PEARL-Peristat Study data, Hamad Medical Corporation- QATAR STATE. The sample for this study comprised of births for the year 2017 in Women's Hospital. Women who had EA compared to women with no EA during labour. We analyzed 7721 singleton vaginal births at 24 weeks and above conducted in Woman's hospital (WH) between January 2017 and April 2018. We then excluded babies with major congenital abnormalities, stillbirths, immediate neonatal death in labour room or operating theatre, birth weights <2500g or >4000g, gestational age at birth <37 weeks or >41+6 weeks, women with diabetes and hypertension, precipitate labour where total labour duration was less than 180 minutes and other missing data. Statistical analysis was performed using IBM SPSS 26 statistical software with statistical significance set at $p < 0.05$. **Results:** The tables showed a comparison between the group which received EA and the other group which did not receive it. There was a significant association between EA and many risks of mother pregnancy and neonatal outcomes. On the other side, no significant correlation was found between EA and other variables. **Conclusion:** The use of EA was associated with many maternal and neonatal-perinatal risks. It may prolong all stages of labour, precipitates instrumental delivery need, increase NICU admission for different risk factors including respiratory distress and rule out sepsis. We recommend including these risk factors in counseling, before choosing EA.

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