I read with interest the recent review article by Pottecher and Benhamou [1] discussing the impact of labor pain (and its control) on the mother, the fetus and the process (and progress) of labor itself. The authors are to be congratulated for preparing such a comprehensive, well-referenced and interesting review of physiology (and pathophysiology) of labor pain as well as the detailed critique of the current techniques of its management (labor analgesia). The author of this letter would like to add the following comments on this timely subject.

Pain perception involves sensory, emotional, behavioral, and environmental factors. Most women rate pain of childbirth as the most painful experience of their lives [2]. Epidural analgesia is widely considered as the most effective method of providing pain relief during labor. However, epidural labor analgesia is not a generic procedure and many technical modifications (i.e. conventional lumbar epidural, combined-spinal epidural) have been introduced over time [3].

The quality of labor analgesia (as perceived by the patient); has often been assessed by a simple statement that describes the degree of the patient’s satisfaction with the pain relief from her labor epidural analgesia [4]. Many laboring parturients, midwives, obstetricians and anesthesiologists are increasingly concerned by the limitations of traditional epidural labor analgesia. In general women dislike the inability to void, the often-dense motor block, the feeling of numbness of the lower body, the total lack of the urge to bear down, and the complete perineal anesthesia [4-7].

During labor many parturients experience intense personal conflict when trying to balance their needs, including the need for labor analgesia, with the desire to ensure safety of their baby and avoid possible adverse fetal effects of drugs administered for labor analgesia. Maternal stress during labor is a complex psychological response, which can be influenced by many factors, including the patient’s expectations, her level of education, severity of labor pain, presence of a support person, and the labor room environment [4, 5]. The actions of labor room nurses, obstetricians and anesthesiologists may promote or dispel stress during labor. The relief of peripartum pain does not guarantee the relief of labor-induced psychological stress; however, effective, satisfactory labor analgesia can be one of the most effective means of providing safe passage for both the mother and her fetus from the antepartum to the postpartum period [6, 7].

RÉFÉRENCES


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