Bibliography by Section

I. Perianesthetic evaluation

Reviewing medical records (patient condition).

Observational studies, case reports, or comparisons without pertinent control groups

69. Usha Kiran TS, Hemmadi S, Bethel J, Evans J: Outcome of pregnancy in a woman with an increased body mass index. BJOG 2005; 112:768-772

**Conducting a physical examination.**

No entries

**Communication between anesthetic and obstetric providers.**

*Observational studies, case reports, or non-pertinent comparison groups*


**Laboratory tests.**

*Routine platelet count:*

*Observational studies, case reports, or non-pertinent comparison groups*


**Platelet count for suspected preeclampsia or coagulopathy:**

*Observational studies, case reports, or non-pertinent comparison groups*

6. Ramanathan J, Sibai BM, Vu T, Chauhan D: Correlation between bleeding times and platelet counts in women with preeclampsia undergoing cesarean section. Anesthesiology 1989; 71:188-191

**Blood type & screen, hold, or cross-match:**

**Nonrandomized comparative studies**

**Observational studies, case reports, or non-pertinent comparison groups**

**Recording of fetal heart rate before or after neuraxial anesthesia.**

**Observational studies, case reports, or non-pertinent comparison groups**
II. Aspiration prevention

Oral intake of clear liquids for labor.

Observational studies, case reports, or comparisons without pertinent control groups


Oral intake of solids during labor.

No entries

A fasting period for solids of 6 to 8 hours before an elective cesarean.

No entries

Non-particulate antacids versus no antacids prior to operative procedures (excluding operative vaginal delivery).

Randomized controlled trials


Observational studies, case reports, or non-pertinent comparison groups


$H_2$ antagonists (e.g., cimetidine, ranitidine, famotidine) versus no $H_2$ antagonists prior to operative procedures (excluding operative vaginal delivery).

Randomized controlled trials


Nonrandomized comparative studies

Metoclopramide versus no metoclopramide prior to operative procedures (excluding operative vaginal delivery).

Randomized controlled trials

Observational studies, case reports, or non-pertinent comparison groups
III. Anesthetic care for labor and vaginal delivery

Early versus late administration of epidural analgesia.

Randomized controlled trials: epidural analgesia


Randomized controlled trials: CSE analgesia


Nonrandomized comparative studies

Neuraxial techniques for patients attempting vaginal birth after prior cesarean delivery (VBAC) for labor.

**Nonrandomized comparative studies**


**Observational studies, case reports, or non-pertinent comparison groups**


**Early (prophylactic) spinal or epidural catheter insertion for complicated parturients.**

No entries

**Continuous epidural infusion (CIE).**

**CIE local anesthetics (with or without opioids) versus IV opioids for labor:**

**Randomized controlled trials: CIE local anesthetics versus IV single-shot opioids**


**Nonrandomized comparative studies: CIE versus IV single-shot opioids**

Randomized controlled trials: CIE versus IV PCA opioids


Nonrandomized comparative studies: CIE versus IV PCA opioids


CIE local anesthetics (with or without opioids) versus IM opioids for labor:

Randomized controlled trials


Nonrandomized comparative studies


CIE local anesthetics with or without opioids versus spinal opioids with or without local anesthetics for labor:

Nonrandomized comparative studies

Epidural analgesia using local anesthetics with opioids.

**Epidural analgesia using local anesthetics with opioids versus equal concentrations of epidural local anesthetics without opioids for labor:**

**Randomized controlled trials**


**Nonrandomized comparative studies**


**Epidural analgesia using local anesthetics with opioids versus higher concentrations of epidural local anesthetics without opioids for labor:**

**Randomized controlled trials**

1. James KS, McGrady E, Quasim I, Patrick A: Comparison of epidural bolus administration of 0.25% bupivacaine and 0.1% bupivacaine with 0.0002% fentanyl for analgesia during labour. Br J Anaesth 1998; 81:507-510

**Continuous epidural infusion (CIE) or local anesthetics for maintenance of analgesia.**

**CIE of lower concentrations of local anesthetics with opioids versus higher concentrations of local anesthetics without opioids for labor:**

**Randomized controlled trials**

1. Chestnut DH, Owen CL, Bates JN, Ostman LG, Choi WW, Geiger MW: Continuous infusion epidural analgesia during labor: a randomized, double-blind comparison of 0.0625% bupivacaine/0.0002% fentanyl versus 0.125% bupivacaine. Anesthesiology 1988; 68:754-759
3. Lee BB, Ngan Kee WD, Ng FF, Lau TK, Wong EL: Epidural infusions for labor analgesia: a comparison of 0.2% ropivacaine, 0.1% ropivacaine, and 0.1% ropivacaine with fentanyl. Reg Anesth Pain Med 2002; 27:31-36

**Observational studies, case reports, or comparisons without pertinent control groups**


**Maintenance of epidural infusion with bupivacaine concentrations < 0.125% with opioids versus bupivacaine concentrations > 0.125% without opioids for labor:**

**Randomized controlled trials**


**Single-injection spinal opioids.**

**Single-injection spinal opioids with or without local anesthetics versus parenteral opioids for labor:**

**Randomized controlled trials**


**Nonrandomized comparative studies**


**Single-injection spinal opioids with local anesthetics versus spinal opioids without local anesthetics for labor:**

**Randomized controlled trials**


**CSE local anesthetics with opioids.**

**CSE local anesthetics with opioids versus epidural local anesthetics with opioids for labor:**

**Randomized controlled trials: CSE versus epidural**


Randomized controlled trials: CSE versus CIE


Nonrandomized comparative studies


**Observational studies, case reports, or comparisons without pertinent control groups**


2. Comparative Obstetric Mobile Epidural Trial (COMET) Study Group UK: Randomized controlled trial comparing traditional with two "mobile" epidural techniques: anesthetic and analgesic efficacy. Anesthesiology 2002; 97:1567-1575


**Patient-controlled epidural analgesia (PCEA).**

**PCEA versus continuous infusion epidurals (CIE) for labor:**

**Randomized controlled trials**


Nonrandomized comparative studies

**PCEA with a background infusion versus PCEA without a background infusion for labor:**

**Randomized controlled trials**

1. Boselli E, Debon R, Cimino Y, Rimmele T, Allaouchiche B, Chassard D: Background infusion is not beneficial during labor patient-controlled analgesia with 0.1% ropivacaine plus 0.5 microg/ml sufentanil. Anesthesiology 2004; 100: 968-72

**In situ epidural catheter versus no epidural anesthesia in hemodynamically stable patients for removal of retained placenta.**

No entries

**General anesthesia (GA) versus neuraxial anesthesia in cases involving major maternal hemorrhage for removal of retained placenta.**

No entries

**IV. Removal of retained placenta**

**Administration of nitroglycerin for uterine relaxation for removal of retained placenta.**

**Randomized controlled trials**


**Observational studies, case reports, or comparisons without pertinent control groups**


**V. Anesthetic choices for cesarean delivery**

**General anesthesia (GA) versus epidural anesthesia for cesarean.**

**Randomized controlled trials**


Nonrandomized comparative studies

**General anesthesia (GA) versus spinal anesthesia for cesarean.**

**Randomized controlled trials**


Nonrandomized comparative studies

Epidural anesthesia versus spinal anesthesia for cesarean.

Randomized controlled trials


**Nonrandomized comparative studies**


Combined spinal-epidural (CSE) anesthesia for cesarean.

**CSE anesthesia versus epidural anesthesia:**

*Randomized controlled trials*


*Nonrandomized comparative studies*


**CSE local anesthetics with or without opioids versus spinal anesthetics with or without opioids for cesarean:**

*Randomized controlled trials*


Nonrandomized comparative studies

Pencil-point spinal needles versus cutting-bevel spinal needles.

Randomized controlled trials

Nonrandomized comparative studies

**Intravenous fluid preloading or coloading versus no intravenous fluid preloading or coloading for spinal anesthesia to reduce maternal hypotension.**

*Randomized controlled trials; preloading (colloids)*
1. Ngan Kee WD, Khaw KS, Lee BB, Ng FF, Wong MMS: Randomized controlled study of colloid preload before spinal anaesthesia for Caesarean section. Br J Anaesth 2001; 87:772-774

*Randomized controlled trials; preloading (crystalloids)*

*Randomized controlled trials; preloading (CSE)*

*Randomized controlled trials; coloading (colloids)*

*Randomized controlled trials; coloading (crystalloids)*

Randomized controlled trials: coloading (CSE)


Randomized controlled trials: preloading versus coloading (colloids)


Randomized controlled trials: preloading versus coloading (crystalloids)


**Nonrandomized comparative studies (crystalloids)**


**Ephedrine to reduce maternal hypotension during neuraxial anesthesia.**

**Ephedrine versus placebo or no ephedrine:**

**Randomized controlled trials: intravenous ephedrine**


**Randomized controlled trials: intramuscular ephedrine**


**Nonrandomized comparative studies**

2. Datta S, Alper MH, Ostheimer GW, Weiss JB: Method of ephedrine administration and
nausea and hypotension during spinal anesthesia for cesarean section. Anesthesiology
1982 56:68-70

Observational studies, case reports, or comparisons without pertinent control groups
1. Kluger MT: Ephedrine may predispose to arrhythmias in obstetric anaesthesia. Anaesth
Intensive Care 2000; 28:336
2. Mercier FJ, Riley ET, Frederickson WL, Roger-Christoph S, Benhamou D, Cohen SE:
Phenylephrine added to prophylactic ephedrine infusion during spinal anesthesia for
elective cesarean section. Anesthesiology 2001; 95:668-674
13:366-369
4. Turkoz A, Togal T, Gokdeniz R, Toprak HI, Ersoy O: Effectiveness of intravenous
ephedrine infusion during spinal anesthesia for cesarean section based on maternal
hypotension, neonatal acid-base status and lactate levels. Anaesth Intensive Care 2002;
30:316-320
5. Vercauteren MP, Coppejans HC, Hoffmann VH, Mertens E, Adriaensen HA: Prevention of
hypotension by a single 5-mg dose of ephedrine during small-dose spinal anesthesia in

Phenylephrine versus placebo or no phenylephrine:
Randomized controlled trials
intramuscular phenylephrine and ephedrine for reduction of spinal anaesthesia-induced
four fixed rate infusion regimens of phenylephrine for hemodynamic support during
3. Langesaeter E, Rosseland L A, Stubhaug A: Continuous invasive blood pressure and
cardiac output monitoring during cesarean delivery. Anesthesiology 2008; 109:856-863
4. Siddik-Sayyid S, Taha S, Kanazi E, Aouad: A randomized controlled trial of variable rate
phenylephrine infusion with rescue phenylephrine boluses versus rescue boluses alone on
physician interventions during spinal anesthesia for elective cesarean delivery. Anesth
Analg 2014; 118:611-618

Nonrandomized comparative studies
1. Cooper D, Sharma S, Orakkan P, Gurung S: Retrospective study of association between
choice of vasopressor given during spinal anaesthesia for high-risk caesarean delivery

Observational studies, case reports, or comparisons without pertinent control groups
evaluation of systolic arterial pressure control with a phenylephrine infusion regimen
spinal and epidural anesthesia for cesarean section in a patient with hypertrophic
Phenylephrine versus ephedrine:

Randomized controlled trials: intravenous


Randomized controlled trials: intravenous infusion

**Randomized controlled trials: intramuscular**


**Nonrandomized comparative studies**


**Neuraxial opioids versus intermittent injections of parenteral opioids for postoperative analgesia after neuraxial anesthesia for cesarean.**

**Randomized controlled trials**


**Nonrandomized comparative studies**

Patient-controlled epidural analgesia (PCEA) versus IV PCA for postoperative analgesia after neuraxial anesthesia for cesarean.

Randomized controlled trials


Addition of NSAIDS versus no NSAIDS for postoperative analgesia after neuraxial anesthesia for cesarean.

No entries

VI. Postpartum tubal ligation

Neuraxial anesthesia versus general anesthesia for postpartum tubal ligation.

No entries

Postpartum tubal ligation within 8 hours of delivery.

Nonrandomized comparative studies


Observational studies, case reports, or comparisons without pertinent control groups


VII. Emergency care

Equipment, facilities, and support personnel available in the labor and delivery suite should be comparable to that available in the main operating suite.

Observational studies, case reports, or comparisons without pertinent control groups

Resources for management of hemorrhagic emergencies (e.g., RBCs, platelets, cell-salvage).

Observational studies, case reports, or comparisons without pertinent control groups


5. Margarson MP: Delayed amniotic fluid embolism following caesarean section under spinal anaesthesia. Anaesthesia 1995; 50:804-806


Invasive hemodynamic monitoring for severe preeclamptic patients.

Observational studies, case reports, or comparisons without pertinent control groups


Equipment for management of airway emergencies.

Observational studies, case reports, or comparisons without pertinent control groups


3. de Mello WF, Kocan M: The laryngeal mask in failed intubation. Anaesthesia 1990; 41:689-690

Basic and advanced life-support equipment in the labor and delivery suite.
Observational studies, case reports, or comparisons without pertinent control groups