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Correspondence

The importance of a standard obstetric analgesia regimen during labor

Dear Editor,

I read with great interest the article by Tanaka et al. in a recent issue of the journal [1]. The authors performed an observational study of 277 patients undergoing labor analgesia and concluded that epidural analgesia decreased cardiovascular events related to arrhythmia and suppressed elevations of the blood pressure during labor in pregnant women with cardiovascular disease. The authors should be congratulated for performing a well-designed study in an important topic (e.g., analgesia) in patients undergoing obstetric procedures [2,3]. In addition, the current emphasis on the need to reduce the use of periprocedural opioid analgesics makes the topic very relevant in perioperative medicine [4,5].

Although the study of Tanaka et al. was well conducted, there are questions regarding the study that need to be clarified by the authors. First, it is not clear if the authors had a standard obstetric analgesic regimen (e.g., remifentanyl, nitrous oxide) for the non-epidural group as this can significantly affect the study outcomes. Second, the authors do not report specific p values. This is important as it appears that the study maybe underpowered to detect the rate difference in the primary outcomes. Last, the authors evaluated multiple outcomes (+10) however they did not adjust their analysis to avoid a type I error.

I would welcome some comments to address the aforementioned issues as they were not discussed by the authors as this would further support the findings of this important study.

Conflict of interest

The author declares no conflicts of interest and nothing to disclose.

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