Correspondence

Epidurals for labour, and fainting fathers

To the Editor:

It is routine practice for fathers to be present in the delivery room at their baby's birth. Also, it is increasingly common to have fathers present in the operating room during Caesarean section. Their presence lends support and encouragement to the mothers during labour and delivery.[1] For much the same reasons and in response to consumer requests, it has been the practice of some of our anaesthetists to allow the fathers to attend their partners during establishment of labour epidurals.

The procedure is explained to the couple and the father, if electing to remain in the room, is asked to don a hat and mask and position himself beside his partner, on the side of the bed opposite the anaesthetist. A number of fathers have fainted during the procedure and it was decided to monitor the incidence prospectively.

From August, 1988 to January, 1989, 135 epidurals for labour were established, by a single anaesthetist (ETC), with partners attending. Four fathers (2.9 per cent) fainted. When interviewed after the incident, all the fathers reported that, despite an admonition not to do so, they had watched some part of the procedure. All four described a typical vaso-vagal syncopal episode. No father suffered an injury.

This incidence of fainting is similar to the reported incidence of severe paternal bradycardic episodes during Caesarean section, 2.6 per cent.[2]

There is one case report in the literature of a father who sustained a non-depressed skull fracture during a vagally mediated fainting episode, while attending his wife during an epidural insertion.[3] We recommend that partners who wish to be present during the establishment of an epidural be specifically warned about the potential for fainting. Further, we recommend that the fathers be strongly discouraged from observing any part of the procedure, with an appropriate explanation.

We have found that the majority of the fathers tolerate the experience extremely well and that the mothers are grateful for their presence.

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2 *Shin YK, Kim CH, Gadde PL.* How stressful is the Cesarean section to the father? Anesth Analg 1989; 68: S258.

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Prolonged bleeding from epidural catheterization

REPLY

We would like to reply to Dr. Ananthanarayan,[1] concerning prolonged bleeding from the skin puncture site during continuous epidural anaesthesia for labour and delivery. We wish to report a similar case treated with adrenaline injected subcutaneously along the epidural catheter after the delivery of the baby.

This 38-year-old Gravida III, Para II (height 155 cm, weight 71 kg), requested epidural analgesia for labour and delivery at 39 weeks' gestation. She had a history of IV heroin abuse that was treated during the last year before admission with methadone 90 mg PO, diazepam 60 mg, and aspirin with codeine 15 tablets daily. Aspirin was discontinued five days before admission. The patient smoked one and a half packs of cigarettes a day. On admission her vital signs were: BP 120/70, HR 80, T 36.4° C; her laboratory work was: Hgb 12.1, Hct 35, PT 11.3/12.2, PTT 30.2/31.5, platelets 274,000, and bleeding time of six and a half minutes. Following a field block, a midline epidural catheter was placed on the first attempt at the L_{3-4} interspace, using a 17-gauge Tuohy needle and the loss of resistance technique. Ten ml 0.25 per cent bupivacaine were administered in two doses, every two minutes, followed by an infusion of bupivacaine 0.0625 per cent with sufentanil 1 $\mu g \cdot ml^{-1}$ at 10 $ml \cdot hr^{-1}$ through the epidural catheter. The patient had excellent analgesia during labour and delivery. The epidural needle was inserted without difficulty and the catheter was placed without incident. Upon securing the epidural catheter, constant bleeding was noticed from the epidural site. The epidural catheter was secured and pressure was applied with a folded gauze and a wedge made of a folded sheet. This did not reduce the bleeding and she lost approximately 150 ml of blood during two hours of labour and delivery. In the recovery room adrenaline 0.1 mg in 1.0 ml saline was injected