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LEA VS NON-LEA FOR REDUCING LABOR PAIN AND SHORTENING AT THE FIRST STAGE OF ACTIVE PHASE IN LABOR PROCESS

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ABSTRACT

For most women labor causes severe pain, similar degree to that cause by complex regional pain syndromes. Although severe pain is not life threathening in labor women, but pain in labor can have neuropsycological effect. The purpose of this study was to compare the effectiveness of the Lumbar Epidural Analgesia technique as a modern therapeutic choice and a very significant breakthrough in reducing labor pain and shortening at 1 active phase. This study was an experimental study with randomized clinical trial design and single blind observation. The study was conducted on women who have labor process at Asri Medical Center from January to June 2018. Consisting of 24 women with LEA and 24 people without LEA. In the LEA group, Levobupivacain was given 0.5% 100 mg. The duration of the active phase is measured by time in hours compared to the normal value of prolonged physiological labor and pain with VAS (Visual Analog Scale). The results showed that there was a significant difference to the decrease of labor pain in the group with LEA (P <0,05, RR = 2,5, 95% CI = 0,282 to 2,464) and the shortening of stage I active phase in the group with LEA vs non LEA (p <0,05 ; RR = 2,2; 95% CI = 0,308 to 0,342). The mean of shortening in the LEA group is approximately 3 hours faster than non LEA. There is a significant difference between delivery process using LEAs versus those not using LEAs for shortening the stage of the active phase and decreasing pain in labor.

***Keywords**: lumbar epidural analgesia, active phase, delivery process, labor pain.*