**Best neonatal outcome following emergency cesarean delivery in Nonreassuring fetal heart ? low dose spinal or GA**

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**Introduction:** The management of compromised fetus is a challenging task, and often prompts performance of an emergency caesarean delivery. Spinal hypotension and fetal acidosis may not have much effect on elective term fetus but the situation is not the same when there are signs of intrapartum asphyxia. There is limited data on the effects anaesthetic technique on neonatal outcome as assessed by cord blood gases in emergency cesarean delivery.

**Material and methods:** Laboring parturient with a non-reassuring fetal heart trace were randomized by sealed envelopes into two groups of 35 each general verses low dose spinal anaesthesia (LDSA). Maternal blood pressure was kept at more than 80% of baseline value using phenylephrine boluses. Important time intervals noted by independent observer were - information to anesthetist to delivery time, induction to delivery. Neonatal outcome, APGAR score, need for resuscitation, cord blood pH, cord blood base excess and 24 hour follow up were observed by pediatrician blinded to the type of anaesthesia. The primary outcome of the study was to assess markers of neonatal wellbeing (umbilical pH and base excess), APGAR scores, need for resuscitation and maternal hemodynamic as secondary outcome measures.

Student’s test for demographic and clinical data, ANOVA for hemodynamic parameters, regression analysis for Correlations and Chi square test for any incidence adverse events. The study has minimum power of 90%. P value < 0.05 considered as significant.

**Results & conclusion:** Cord pH < 7.1, BE < 8 was present in both the groups. Lower 1-min APGAR scores & need for supplemental oxygen was greater in fetus exposed to GA. LDSA provided adequate surgical block as well as stable hemodynamic. No adverse event with either technique. LDSA should be performed in non reassuring fetal heart rate trace due to its safety, simplicity and efficacy.

**Additional File:**

**Figure 1 Neonatal outcome**