



Is Adversity Creating An Opportunity?

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My opinion

Rather than being my opinion, the below-mentioned are just my questions.

Are undesirable effects of labor epidural analgesia essentially due to it exposing materno-fetal homeostasis to exogenous substances during intra-partum period [1]?

While the multidisciplinary medical society gears up to initiate research to validate or refute findings of Qiu et al [1-2], should anesthesiologists and anesthesia providers in the interim consider minimizing materno-fetal exposure to labor epidural analgesic solutions? Â Â

Can this be achieved by diluting the concentrations of labor epidural analgesic solutions as well as lowering the cumulative dosages administered during the intra-partum periods?

Can this be achieved by early replacements of non-functioning labor epidurals to overcome questionably-functioning labor epidurals which may be depending on questionably-functioning boluses?

Can this be achieved by placing labor epidurals later rather than sooner in the intra-partum periods?

Can this be achieved by facilitating conversion to cesarean section sooner rather than later after labor has failed to progress?

Can this be achieved by potentially revisiting and reexploring the utilization of intrathecal catheters if they can allow the use of ultra-low concentrations of intrathecal analgesic solutions when prolonged labor is warranted to avoid cesarean section related long-term effects on babies [3]?

Should Qiu et al. be appreciated for asking the question so that anesthesiologists and anesthesia providers can preemptively act and react on the concerns raised by Qiu et al. while awaiting validation or refutation of concerns raised by Qiu et al. [1]?

Although Qiu et al. disclosed it as their study limitation [1], would it still have been better if they had further delved into standard local anesthetic concentrations in labor epidural analgesic solutions used at various medical centers of delivery during various periods of birth years because standard local anesthetic concentration could then have been used as a covariate to decipher local anesthetic

concentrationâ€™s confounding effect on their results?

Should Qiu et al. have explored early breastfeeding vs. delayed breastfeeding vs. bottle-feeding as a covariate to elicit if epidurally administered medicationsâ€™ clearance from breast-milk and their half-lives confounded their results [1, 4]?

Should the society cautiously remember that diseases of pediatric brain and adolescent mind have evolved from being completely ignored to being overzealously over-diagnosed [5]?

Should the unsubstantiated claims about over-diagnosed childhood diseases neither lead to undertreated laboring patients nor result in iatrogenic imbalance of materno-fetal homeostasis?

In the absence of better alternative for labor analgesia, should labor epidurals themselves become better with lowering of epidural medicationsâ€™ concentrations and their cumulative dosages after laboring patients have been well-informed and their expectations well-attuned to the changes in their labor epidurals as induced by Qiu et al [1]?

Again, rather than being my opinion, the above-mentioned are just my questions.

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