Introduction

Safe and pain free child birth is a dream for the future rather ıan a reality today. The ideal procedure to relieve pain should:

•Produce efficient relief from pain with consciousness betw en pain and good cooperation from the patient.

• Not depress the respiration of the fetus.

• Not depress the uterus causing prolonged labor.

• Be non toxic .

• Be safe for mother and child.

Opiates administrated intravenously or intra ıuscularly to parturients, introduce potential side effects, includin respiratory depression, nausea and vomiting, orthostatic hypotention, de ayed gastric motility and emptying, diminished uterine activity (if ıdministered during early labor) and placental transfer of the drug resultir ; in neonatal respiratory depression. All these side effects are dose-relat d and some may be avoided by reducing dose If Intrathecal opiates pro ide safe and effective analgesia for labor, this technique would (fer distinct advantages over current analgesic methods.

Intrathecal opioid is an attractive alternative method of ana gesia for the relief of labour pain. Also, intrathecal opioids for labour ar ılgesia leads to decrease in circulating epinephrine concentrations in he laboring parturient, which is probably due to pain relief and, thus, a reduction in maternal stress. ***(Lascis etal.,1997).***

Intrathecal opioids is used as apart of combined pinal-epidural techniques. The rapid onset of analgesia is one of the majo advantages of combined spinal -epidural analgesia and is associated ith increased maternal satisfaction (***Collis ER et al., 1995)***

Initiation of epidural analgesia is often delayed until bour is well advanced for fear that the motor block and concomitar bed rest may slow or arrest the labor pattern ***(Albers LL et al., 1997).***

There are data to suggest that the initiation of early epidur l analgesia (3-5cm cervical dilatation versus 5cm) with dilute local anes etics may not adversely affect the rate of operative delivery ***(Che tnut DT et al.,1994).*** However, the aversion to the possibility of a m otor block and the belief that ambulation may facilitate the early phase of labor ***(Albers LL et al., 1997)*** has contributed to the growing popularit of IT opioids using the combined spinal -epidural technique. Studies of this technique have used sufentanil, with the most popular dose being 10μg. Which provides excellent analgesia and virtually no motor block ***Herman NL et al., 1997).***