



and lead to unnecessary sepsis evaluations and antibiotic treatment in newborns” is incorrect. The conclusion in the original article was that “use of epidural analgesia during labour is *strongly associated* [our emphasis] with the occurrence of maternal intrapartum fever.”<sup>1</sup> Changing “strongly associated” to “can cause” is a gross overstatement and only serves to distort well-presented research and mislead readers.

There appears to be a link between epidural analgesia during labour and internal intrapartum fever, and this needs to be further investigated. However, the implication that epidural analgesia causes newborn sepsis is very misleading. In fact, of the 1047 women who had an epidural, 3 (0.29%) of their newborns actually had sepsis, and of the 610 women who did not have an epidural, 1 newborn (0.16%) had sepsis. There are implications for the management and diagnosis of intrapartum fever when a mother has an epidural during labour. However, your opening sentence will add to the misinformation on this very important topic. Taken out of context, your editorial comments may influence less informed individuals to promulgate that untruth and deny women the “gold standard” of

safe and effective pain relief during labour.

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#### Reference

1. Lieberman E, Lang JM, Frigoletto F Jr, Richardson DK, Ringer SA, Cohen A, et al. Epidural analgesia, intrapartum fever, and neonatal sepsis evaluation. *Pediatrics* 1997;99:415-9.

#### [The Research Update editor replies:]

**D**rs. Gray and Finucane are correct: association is not causation. The words “can cause” were not meant to editorialize or to overstate the outcome of the study by Lieberman and associates.

Furthermore, there was, in the news item, no “implication that epidural analgesia causes newborn sepsis”; on the contrary, I accurately reported Lieberman and associates’ conclusion that fever during epidural analgesia can “lead to *unnecessary* [my emphasis] sepsis evaluations and antibiotic treatment in newborns” be-

cause the fever may have to do with the epidural analgesia rather than an infection.

What is the nature of the link between epidural analgesia and intrapartum fever? Lieberman and associates studied “1657 nulliparous women with term pregnancies and singleton vertex fetuses who were afebrile at admission. . . . Intrapartum fever > 100.4°F occurred in 14.5% of women receiving an epidural but only 1.0% of women not receiving an epidural (adjusted odds ratio = 14.5, 95% confidence interval 6.3 to 33.2).” *CMAJ* readers may judge for themselves.

#### Carolyn Joyce Brown

Editor  
*CMAJ*

#### Facing breast cancer far from radiation therapy centres [correction]

**A**n incorrect telephone number for the national cancer information hotline was published in the response portion of this letter to the editor (*Can Med Assoc J* 1997;157:253). The correct hotline number is 888 939-3333. — Ed.

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