Regional anesthesia is preferred for cesarean delivery in order to avoid the maternal risks of general anesthesia [6]. Besides, preference of regional anesthesia may help early beginning of breast feeding in the postoperative period in comparison to delayed recovery of the patients from general anesthesia. As a result of an acute reduction in uteroplacental blood flow, spinal anesthesia may lead to fetal acidosis, hypoxia or low Apgar scores [7,8]. Despite the apparent advantages regarding maternal safety, the effects on the fetus are still controversial and further studies are needed in this area to investigate the common effects on fetus during cesarean delivery.

References