Reviewer's report

Title: Effects of epidural lidocaine analgesia on labor and delivery: a randomized, prospective, controlled trial

Version: 2 Date: 11 May 2006
Reviewer: Stephen Halpern

Reviewer's report:

General
This randomized controlled trial compares epidural analgesia with intravenous meperidine in nulliparous, spontaneously labouring parturients. The author found no difference in the outcome of labour or the duration. The authors concluded that epidural analgesia with 1% lidocaine does not prolong labour or increase the operative delivery rate.

In general, this appears to be a well-conducted randomized trial. However, some of the details in the study design need to be clarified. In addition, a number of the measured variables were not reported.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) The method of patient assignment is not well explained. In particular, how did the author make the group number "come out even". There were almost exactly the same number of patients in each group. This is very difficult to achieve unless there was block randomization other scheme. Please explain.

2) Dural puncture was listed as an exclusion criterion. How many patients were excluded because of this reason and how were they replaced?

3) Did the research assistant know which group the patient was assigned to before approaching her for consent? If not, how was this avoided? (Was the group assignment concealed in envelopes etc).

4) What was the primary outcome of the research? Usually, the sample size is based on the primary outcome. In this case the sample size was based on the length of active first stage of labour. However this measure is not defined, nor is it given a prominent place in the paper. Please clarify.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) Patients with ASA status of I were included, patients with ASA status>2 were excluded. What happened to the patients who had ASA status = 2?

2) The Bromage scores are not reported. Nor is the incidence of hypotension, or maternal hypoxemia.

3) How did you prevent patients from requesting epidural analgesia? It seems to me that the dose of meperidine is inadequate to provide sufficient analgesia.

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Discretionary Revisions (which the author can choose to ignore)

How good was the analgesia? Was there any measure of pain relief or maternal satisfaction?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I have no competing interests.