Table des matières

Epidural-related maternal fever

Fièvre maternelle liée à la péridurale

1. Systematic Reviews and Meta-Analysis

1.1. Yu 2025

Yu R, Deng X, Hu N, Chen DX. Comparative effectiveness of diverse strategies for the prevention or treatment of epidural-related maternal fever: a systematic review and network meta-analysis of randomized controlled trials. Am J Obstet Gynecol. 2025 Dec;233(6):581-590.e30. https://doi.org/10.1016/j.ajog.2025.07.029

Objective	Epidural-related maternal fever during full-term delivery has been associated with adverse consequences for both parturients and neonates. There is currently insufficient clear evidence to support any individual interventions aimed at preventing epidural-associated maternal fever. The objective of this study was to evaluate and rank the efficacy of various preventive or therapeutic interventions for the epidural-related maternal fever in laboring women.
Methods	We systematically searched MEDLINE Embase Web of Science and CENTRAL from their inception through May 28 2024. Randomized controlled trials evaluating intervention aimed at preventing or treating epidural-related maternal fever were deemed eligible for inclusion. Quality assessment was performed using the Cochrane Risk of Bias tool for randomized controlled trials and we conducted both pairwise and network meta-analysis with random effects models to estimate summary odds ratios using group-level data. We used the surface under the cumulative ranking curve to determine the best intervention. The primary outcome was the incidence of epidural-related maternal fever.
Results	The analysis included 34 studies comprising 8235 participants. Of these 33 studies evaluated preventive interventions while one study compared the defervescence onset time between intravenous and oral acetaminophen as a therapeutic intervention. Several interventions demonstrated significant protective effects against intrapartum fever (odd ratios 0.29-0.64) including electroacupuncture magnetic bead auricular point therapy modified epidural administration protocols and prophylactics steroids. Conversely conventional epidural analgesia regardless of local anesthetic concentration or combination with spinal anesthesia was associated with an increased risk of epidural-associated maternal fever (odd ratios 2.01-5.28). Surface under the cumulative ranking curve analysis identified **electroacupuncture** magnetic bead auricular point therapy and prophylactics steroids as the 3 most effective intervention for preventing epidural-associated maternal fever.
Conclusion	This comprehensive network meta-analysis identified the combination of epidural anesthesia with **electroacupuncture** magnetic bead auricular point therapy and prophylactic steroids as the most efficacious interventions for preventing epidural-associated maternal fever. These findings provided evidence-based guidance for clinical decision-making among patients anesthesiologists and policymakers. Future research should prioritize elucidating the pathophysiological mechanisms of epidural-associated maternal fever to facilitate the development of targeted interventions aimed at reducing both maternal fever incidence and associated neonatal complications.