Commission for the Accreditation of Birth Centers
Supporting Standards & Inspiring Excellence through Learning

Strategies for Dealing with the Lidocaine Shortage

CABC is aware that some of our accredited birth centers are being impacted by supply chain issues affecting lidocaine. While this appears to be intermittent and is estimated to improve by August 2023, this date has already been pushed back several times.

Here are some suggestions that you might try if you are unable to obtain lidocaine.

- Use the American Association of Birth Centers (AABC) member forum to ask other birth centers about their supplier and whether any want to join forces to share a larger order of lidocaine. (And here's one more excellent reason to become an AABC member.) This strategy was effective during the Pitocin shortage.
- Inquire of your collaborative hospital whether they can share a small amount of their supply (although hospitals are being affected by the shortage as well). The hospital may be willing and able to share since most birth centers' need for lidocaine is fairly small.
- Some birth centers can transfer the client to the hospital for the repair and then return to the birth center for the remaining postpartum recovery or do an early discharge to home directly from the hospital.
- Consider using ropivacaine in place of lidocaine, although ropivacaine is also in somewhat short supply. Although most providers use lidocaine as local anesthesia for laceration repairs, ropivacaine is an acceptable substitute.

	Lidocaine w/o Epinephrine	**Ropivacaine**
Concentration	1%	0.75%
Dose for Repair	1 - 15mL	5- 10 mL
Onset of Action	2-5 minutes	10 minutes
Duration of Action	Up to 2 hours	Up to 12 hours

One double-blind, randomized, prospective trial compared 1% lignocaine (lidocaine) with 0.75% ropivacaine for postpartum perineal repair.[1] They reported more effective pain relief and higher patient satisfaction for the group receiving ropivacaine. The authors concluded "Due to combination of interesting local anesthetic properties including prolonged analgesia with higher maternal satisfaction, ropivacaine appears to be a better option for lignocaine in postpartum perineal repair." A systematic review and meta-analysis in 2021 found no difference in pain relief during repair between lidocaine and ropivacaine, but less need for postpartum analgesia and higher patient satisfaction with ropivacaine.[2] The authors noted that safety had not been well investigated in the studies

reviewed.
It is known that ropivacaine can cause seizure if accidentally injected intravenously; however, this risk is minimal with local infiltration of the small amount used for perineal anesthesia. ***Aspiration to confirm absence of blood return prior to infiltration is important.***

Hopefully the shortage will resolve soon!

1. *Deshpande, J and Saundattikat, G. Lignocaine versus ropivacaine infiltration for postpartum perineal pain. Anesth Essays Res*. 2017 Apr-Jun; 11(2): 300–303. doi: 10.4103/0259-1162.177191 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5490104/

2. Ahmed Abu-Zaid, et al. Ropivacaine versus lidocaine infiltration for postpartum perineal pain: A systematic review and meta-analysis. Journal of Gynecology Obstetrics and Human Reproduction; Volume 50(8), 2021. https://doi.org/10.1016/i.jogoh.2021.102074. https://doi.org/10.1016/j.jogoh.2021.102074