Date: 21 February 2018
Sources Searched: Embase, Medline, CINAHL, DynaMed Plus.

Paracetamol and for Low Grade Fever in Labour

See full search strategy

1. Effect of paracetamol on maternal and fetal temperatures

Author(s): Lavesson T.; Akerman F.; Olofsson P.

Source: Journal of Maternal-Fetal and Neonatal Medicine; Jun 2012; vol. 25 ; p. 105

Publication Date: Jun 2012

Publication Type(s): Conference Abstract

Abstract: Background: Pyrexia during labor is a threat to mother and fetus. The mother runs an increased risk of cesarean section and operative vaginal delivery, and the fetus is at higher risk of developing encephalopathy, regardless of etiology of the fever. Paracetamol is an established therapy for fever in pregnant women, but the effectiveness of paracetamol on maternal and fetal temperatures is unknown. Objective: To study the effect of paracetamol on maternal and fetal temperatures when given in labor. Hypothesis: Maternal and fetal temperatures will drop after paracetamol (H1) and maternal temperature will start dropping earlier (H2). Design: Case-control study. Setting: County hospital maternity unit. Subjects: From a cohort of 185 women monitored with temperature recordings in labor, 18 women treated with 1000 mg paracetamol orally for pyrexia and 36 untreated controls matched for parity, cervical dilatation +/-1 cm, and use of epidural analgesia were selected. Main Outcome Measures: Changes of temperature after paracetamol. Methods: Maternal axillary temperature and fetal scalp temperature were monitored continuously and data displayed online together with the fetal cardiotocogram and ECG ST segment analysis. Data were stored electronically to enable offline analyses. Temperature data were not used for clinical management. At post hoc offline analyses, the dual temperatures recorded 15 min before paracetamol administration (time T-15), at paracetamol administration (T0), 30 min later (T30), and then every 30 min until delivery, were noted in a case report form. Temperature data were compared longitudinally with Wilcoxon signedranks matched-pairs test and cross-sectional data with Mann-Whitney U test. A two-tailed $p < 0.05$ was considered significant. Results: By progression of labor, both maternal and fetal temperatures increased significantly in the control group but remained unchanged in the index group. Deltatemperatures (fetal minus maternal temperature) remained unchanged in both groups. Conclusion: Both H1 and H2 were rejected, suggesting neither maternal axillary temperature nor fetal scalp temperature will drop after oral administration of 1000 mg paracetamol. However, paracetamol had significant effects on temperatures since the physiological increase of temperature by progression of labor was inhibited.

Database: EMBASE

2. Effects on fetal and maternal temperatures of paracetamol administration during labour: a case-control study.

Author(s): Lavesson, Tony; Åkerman, Fernanda; Källén, Karin; Olofsson, Per

Source: European journal of obstetrics, gynecology, and reproductive biology; Jun 2013; vol. 168 (no. 2); p. 138-144

Publication Date: Jun 2013

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 23375211

Abstract:OBJECTIVETo study the effect of paracetamol (acetaminophen) on maternal and fetal temperatures in labour.STUDY DESIGNFrom a cohort of 185 women with continuous maternal axillary and fetal scalp temperature recordings in labour, 18 women treated with 1000mg paracetamol orally for pyrexia and 36 untreated controls matched for parity, cervical dilatation, and epidural analgesia were selected. Electronically stored temperature data were analysed offline post hoc. The dual temperatures recorded every 30min from 60min before (T-60) paracetamol administration (T0) until delivery, were noted. Longitudinal data were compared with Wilcoxon matched-pairs signed-ranks test and cross-sectional data with Mann-Whitney U test. Shapes of the temperature curves were compared with mixed-effect models statistics for repeated measurements. The main outcome measures were temperature changes after paracetamol. A two-tailed $P<0.05$ was considered significant.RESULTS Prior to T0 maternal and fetal temperatures increased in the paracetamol group, but after T0 no significant changes ($P\geq0.1$) were seen when compared with Wilcoxon signed-ranks test. In the control group, both temperatures increased from T-60 and onwards. Delta-temperatures (fetal minus maternal temperature) remained unchanged in both groups. Analyses of the mixed-effect models showed a significant difference ($P=0.01$) in the shape of fetal temperature curves between the paracetamol and control groups, but no significant difference ($P=0.4$) in maternal temperature curve shapes.CONCLUSION In febrile parturients, neither maternal nor fetal temperatures dropped after paracetamol, but paracetamol halted an increasing trend and stabilised the fetal temperature. The effect of paracetamol on maternal temperature was inconclusive.

Database: Medline

3. What factors affect intrapartum maternal temperature? a prospective cohort study: Maternal intrapartum temperature

Author(s): Frolich M.A.; Esame A.; Zhang K.; Wu J.; Owen J.

Source: Anesthesiology; Aug 2012; vol. 117 (no. 2); p. 302-308

Publication Date: Aug 2012

Publication Type(s): Review

PubMedID: 22828418

Abstract:BACKGROUND: In recent years, several reports have indicated that maternal temperature elevations during labor may also be observed in the absence of an infection. Presumed noninfectious causes of maternal temperature elevations include epidural analgesia, endogenous heat production generated by the contracting uterus, and delivery in an overheated room. To investigate the potential causes of noninfectious maternal temperature changes during labor, we conducted a prospective cohort study in women scheduled for labor induction. METHODS: We recorded hourly oral temperatures from admission to delivery. We calculated whether temperature changed during labor in 81 women. We then determined if body mass index, and duration of labor, or time from rupture of amniotic sac to delivery, or oxytocin dose, would affect maternal temperature. To evaluate the possible role of epidural analgesia, we compared the temperature slope before and after starting epidural analgesia. RESULTS: We observed an overall significant linear trend of temperature over time with an estimated temperature slope of +0.017degreeC/h (P = 0.0093). Patients with a positive temperature trend had also a significantly longer time from rupture of membranes to delivery (P = 0.0077) and a higher body mass index (P = 0.0067). Epidural analgesia had no effect on the temperature trend. CONCLUSIONS: In our cohort of patients, there was an overall significant linear trend of temperature over time after correcting for heterogeneity among patients. Temperature increase was associated with higher body mass index values and longer time from rupture of membranes to delivery. Epidural analgesia had no effect on maternal temperature.

Database: EMBASE

5. The association of maternal intrapartum subfebrile temperature and adverse obstetric and neonatal outcomes.

Author(s): Dior, Uri P; Kogan, Liron; Calderon-Margalit, Ronit; Burger, Ayala; Amsallem, Hagai; Elchalal, Uriel; Eventov-Friedman, Smadar; Ergaz, Zivanit; Ezra, Yossef

Source: Paediatric and perinatal epidemiology; Jan 2014; vol. 28 (no. 1); p. 39-47

Publication Date: Jan 2014

Publication Type(s): Comparative Study Multicenter Study Journal Article

PubMedID: 24118104

Abstract:BACKGROUNDSubfebrile intrapartum maternal temperature is very common, yet there is sparse evidence regarding its causes or its effects on perinatal outcomes. We examined whether mild temperature elevation during labour is a risk marker for adverse obstetric and neonatal outcomes.METHODSA retrospective cohort analysis including 42 601 term, singleton live-births in two medical centres between 2003 and 2010 was performed. This study compared women who experienced a maximal intrapartum temperature of ≤37°C with women who experienced subfebrile intrapartum temperature (37.1-37.9°C). Adjusted risks for adverse obstetric and neonatal outcomes were calculated by using multivariable logistic regression models.RESULTSCompared with maternal temperature ≤ 37°C, subfebrile temperature was associated with higher rates of primary caesarean deliveries {adjusted odds ratios [aOR] = 1.36 [95% confidence interval (CI) 1.25, 1.49])} and assisted vaginal deliveries (aOR = 1.20 [95% CI 1.11, 1.30]), as well as with greater risks of early neonatal sepsis (aOR = 2.66 [95% CI 1.88, 3.77]), neonatal intensive care unit admissions (aOR = 1.40 [95% CI 1.08, 1.83]), and neonatal asphyxia or seizures (aOR = 3.18 [95% CI 1.51, 6.70]). Mildly elevated maternal intrapartum temperature (37.1-37.5°C) was also associated with adverse outcomes.CONCLUSIONS Maternal intrapartum subfebrile temperature may be an indicator of operative delivery and neonatal morbidity. Further research is needed to confirm these findings and to reveal underlying mechanisms.

Database: Medline

6. The effects of remifentanil or acetaminophen with epidural ropivacaine on body temperature during labor

Author(s): Evron S.; Ezri T.; Protianov M.; Muzikant G.; Herman A.; Sadan O.; Szmuk P.

Source: Journal of Anesthesia; May 2008; vol. 22 (no. 2); p. 105-111

Publication Date: May 2008

Publication Type(s): Article

PubMedID: 18500605

Available at Journal of Anesthesia - from SpringerLink

Abstract: Purpose: Epidural analgesia is associated with hyperthermia during labor and presumably causes it, although no convincing mechanism has been postulated. It seems likely that fever associated with pyrogenic factors related to labor is suppressed by opioids, whereas it is expressed normally in patients given epidural analgesia. We examined this hypothesis and the possible etiology of temperature elevation in labor. Methods: In this prospective, randomized, controlled study, we assessed 201 parturients during spontaneous labor. Analgesia was randomly provided with one of four treatment groups: (1) epidural ropivacaine alone, (2) IV remifentanil alone, (3) epidural ropivacaine plus IV remifentanil, and (4) epidural ropivacaine plus IV acetaminophen. At randomization, patients were normothermic. Intrapartum hyperthermia (>=38degreeC) was correlated to the analgesic technique. Results: The maximum increase in oral temperature was greatest in the ropivacaine group (0.7 +/- 0.6degreeC) and least in the remifentanil group (0.3 +/- 0.4degreeC; P = 0.013). The percentage of patients who became hyperthermic (>=38degreeC) during the first 6 h of labor was greatest in the ropivacaine group (14%) and least in the remifentanil-alone group (2%), but the difference was not statistically significant. The maximum forearm-finger gradients were lower (less vasoconstriction) in the remifentanil group when compared to the gradients in patients with epidural analgesia (1.4 +/- 1.8 vs 3.0 +/- 1.7, respectively; P < 0.001). Conclusion: Our results are consistent with the theory that low-dose opioids inhibit fever in patients not given epidural analgesia. However, in view of the negative results, the hypothesis of epidural-induced hyperthermia may be questionable. © Japanese Society of Anesthesiologists 2008.

Database: EMBASE

7. Maternal intra-partum fever

Author(s): Apantaku O.; Mulik V.

Source: Journal of Obstetrics and Gynaecology; 2007; vol. 27 (no. 1); p. 12-15

Publication Date: 2007

Publication Type(s): Review

PubMedID: 17365450

Abstract: Maternal intra-partum fever commonly complicates the process of labour. Its occurrence is often regarded as being synonymous with the presence of chorioamnionitis. This inevitably results in the administration of antibiotics to the affected mother. Review of the literature however suggests that this approach is not always appropriate. Non-infective causes of this condition that are often overlooked include the use of epidural analgesia for pain relief, normal thermal physiological changes in women not using any form of analgesia and delivery in an overheated room. Women with certain risk factors such as nulliparity and a long latent phase of labour are also more prone to developing maternal intra-partum fever. Irrespective of its aetiology, maternal intra-partum fever carries risks both for the mother and her unborn child. Putting more thought into the care of these patients will go a long way in reducing the maternal and neonatal morbidity associated with this complication. © 2007 Informa UK Ltd.

Database: EMBASE

8. Maternal temperature in labour

Author(s): Bailey C.; Steer P.J.

Source: Fetal and Maternal Medicine Review; Feb 2007; vol. 18 (no. 1); p. 67-83

Publication Date: Feb 2007

Publication Type(s): Review

Available at Fetal and Maternal Medicine Review - from ProQuest (Hospital Premium Collection) - NHS Version

Database: EMBASE

9. Prophylactic acetaminophen does not prevent epidural fever in nulliparous women: A double-blind placebo-controlled trial

Author(s): Goetzl L.; Evans T.; Rivers J.; Suresh M.S.; Citron D.R.; Richardson B.E.; Lieberman E.

Source: Journal of Perinatology; Aug 2004; vol. 24 (no. 8); p. 471-475

Publication Date: Aug 2004

Publication Type(s): Article

PubMedID: 15141263

Available at Journal of Perinatology - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Objective: Epidural analgesia is associated with a four- to five- fold increase in noninfectious maternal fever in nulliparous women. Fever prophylaxis may safely reduce both unnecessary neonatal sepsis evaluations and the potential effect of fever on the fetus. Study Design: We performed a randomized double-blind placebo-controlled study. Immediately after epidural placement, full-term nulliparas with a temperature of <99.5degreeF received acetaminophen 650 mg or placebo, per rectum, every 4 hours. Tympanic membrane temperatures were measured hourly. Our power to detect an effect of acetaminophen treatment on maternal temperature over time was 90%. Results: In all, 21 subjects were randomized to each arm. Treatment with acetaminophen did not impact maternal temperature curves. Fever > 100.4degreeF was identical in the acetaminophen and placebo groups (23.8%, p = 1.0). Neonatal surveillance blood cultures did not reveal occult infection. Conclusions: Acetaminophen prophylaxis prevented neither maternal hyperthermia nor fever secondary to epidural analgesia, suggesting that the mechanism underlying fever does not include centrally mediated perturbations of maternal thermoregulation.

Database: EMBASE

10. The rise in maternal temperature associated with regional analgesia in labour is harmful and should be treated: Cons

Author(s): Irestedtz L.

Source: International Journal of Obstetric Anesthesia; Oct 2003; vol. 12 (no. 4); p. 284-286

Publication Date: Oct 2003

Publication Type(s): Review

Database: EMBASE

11. The rise in maternal temperature associated with regional analgesia in labour is harmful and should be treated: Pros

Author(s): Banerjee S.; Steer P.J.

Source: International Journal of Obstetric Anesthesia; Oct 2003; vol. 12 (no. 4); p. 280-284

Publication Date: Oct 2003

Publication Type(s): Review

Database: EMBASE

12. Maternal fever, neonatal sepsis evaluation, and epidural labor analgesia.

Author(s): Viscomi CM; Manullang T

Source: Regional Anesthesia & Pain Medicine; Sep 2000; vol. 25 (no. 5); p. 549-553

Publication Date: Sep 2000

Publication Type(s): Academic Journal

PubMedID: 11009245

Available at Regional anesthesia and pain medicine - from ProQuest (Hospital Premium Collection) - NHS Version

Available at Regional anesthesia and pain medicine - from Ovid (LWW Total Access Collection 2015 - Q1 with Neurology)

Abstract: Background and Objectives: Numerous studies have found an association between epidural analgesia for labor and maternal fever (temperature 38 degrees C). Maternal fever often results in treatment with maternal or neonatal antibiotics, neonatal sepsis evaluation, and increased costs. Methods: Medline was used to identify literature regarding the association between epidural labor analgesia and maternal fever/neonatal sepsis. Studies examining thermoregulation during pregnancy and/or epidural analgesia were also reviewed. Results: There appears to be a strong association between epidural labor analgesia and maternal fever. The link between epidural labor analgesia and neonatal sepsis evaluation is less clear. The incidence of confirmed neonatal sepsis does not increase with maternal epidural analgesia. Causes of the association between epidural labor analgesia and maternal fever include selection bias, altered thermoregulation, and increased shivering or decreased sweating with epidural analgesia. Conclusions: Maternal epidural labor analgesia is associated with maternal fever and possibly increased neonatal sepsis evaluation. There is no proof the relationship is causal.

Database: CINAHL

13. Intrapartum maternal fever and neonatal outcome

Author(s): Lieberman E.; Heffner L.J.; Cohen A.; Lang J.; Richardson D.K.; Frigoletto F.D.

Source: Pediatrics; Jan 2000; vol. 105 (no. 1); p. 8-13

Publication Date: Jan 2000

Publication Type(s): Article

PubMedID: 10617697

Abstract: Objective. Much of fever during term labor may not be infectious but rather a consequence of the use of epidural analgesia. Therefore, we investigated the association of elevated maternal intrapartum temperature with neonatal outcome when the infant does not develop an infection. Methods. We studied 1218 nulliparous women with singleton, term pregnancies in a vertex presentation and spontaneous labor. Women were excluded if their temperature was >99.5degreeF at admission for delivery, if they were diabetic or had an active genital herpes infection or if their infant developed a neonatal infection, had a congenital infection, or had a major malformation. Maximum intrapartum temperature was categorized as: <=100.4degreeF (afebrile), 100.5degreeF to 101degreeF, and >101degreeF. Results. During labor, 123 women (10.1%) developed a fever >100.4degreeF; 62 (5.1%) women had a maximum temperature of 100.5degreeF to 101degreeF and 61 (5.0%) women had a maximum temperature >101degreeF. Of febrile women, 97.6% had received epidural analgesia for pain relief. Infants of women developing a fever >100.4degreeF were more likely to have a 1-minute Apgar score <7 (22.8% for >100.4degreeF vs 8.0% for afebrile) and to be hypotonic after delivery (4.8% for >100.4degreeF vs .5% for afebrile). Compared with infants of afebrile women, infants whose mothers' maximum temperature was >101degreeF were more likely to require bag and mask resuscitation (11.5% vs 3.0%) and to be given oxygen therapy in the nursery (8.2% vs 1.3%). We also found a higher rate of neonatal seizure with fever (3.3% vs .2%), but the number of infants with seizure was small (n = 4). All associations remained essentially the same after controlling for confounding in logistic regression analyses. Conclusions. Intrapartum maternal fever, particularly if >101degreeF, was associated with a number of apparently transient adverse effects in the newborn. Larger studies are needed to investigate the association of intrapartum fever with neonatal seizures and to determine whether any lasting injury to the fetus may occur.

Database: EMBASE

14. Maternal fever during labor--what does it mean?

Author(s): Churgay, C A; Smith, M A; Blok, B

Source: The Journal of the American Board of Family Practice; 1994; vol. 7 (no. 1); p. 14-24

Publication Date: 1994

Publication Type(s): Journal Article

PubMedID: 8135133

Abstract:BACKGROUNDSeveral studies have shown maternal fever to be associated with chorioamnionitis and neonatal sepsis if at least two of the following five criteria are also present: maternal tachycardia, purulent or foul-smelling amniotic fluid, fetal tachycardia, uterine tenderness, or maternal leukocytosis. Less is known about the risk of neonatal sepsis when the presence of maternal fever in labor is the only criterion.METHODSA retrospective medical record review searching for women who had a fever greater than 100.4 degrees F while in the active phase of labor during a 1-year period at the University of Michigan was undertaken to investigate the relation between isolated maternal fever in labor and neonatal sepsis. Eighty-two cases of maternal fever were found.RESULTSForty-six women met the clinical criteria for chorioamnionitis, and 6 of the 7 neonates with sepsis diagnosed were born to these mothers. There were no significant differences found in admission or intrapartum factors between women who did and did not meet clinical criteria for chorioamnionitis, and there was no association between these factors and neonatal sepsis. Epidural anesthesia was administered to 91 percent of these women and might be associated with maternal fever during labor. Using maternal clinical criteria for chorioamnionitis and a neonatal band cell-total neutrophil ratio of 0.2 or greater instead of the current system to determine the need for newborn antibiotic administration would improve the positive predictive value (12.5 percent versus 9.3 percent) and specificity (34.6 percent versus 16 percent) without compromising sensitivity (100 percent). All septic and probably septic newborns would be treated, and neonatal antibiotic administration would be reduced by 17 percent.CONCLUSIONSThe addition of the maternal clinical criteria for chorioamnionitis to the criteria already used for diagnosing and treating neonatal sepsis could prove useful in decisions regarding the selective administration of intrapartum antibiotics and prediction of risk of neonatal sepsis.

Database: Medline

15. Effect of acetaminophen on fetal acid-base balance in chorioamnionitis.

Author(s): Kirshon, B; Moise, K J; Wasserstrum, N

Source: The Journal of reproductive medicine; Dec 1989; vol. 34 (no. 12); p. 955-959

Publication Date: Dec 1989

Publication Type(s): Journal Article

PubMedID: 2621737

Abstract: The effect of antipyretic treatment with acetaminophen on fetal status was examined in eight laboring women febrile with chorioamnionitis. After a fetal heart rate tracing and scalp blood gas level were obtained near maximum maternal fever, a 650-mg acetaminophen suppository was administered. If the temperature remained greater than 101 degrees F, the dose was repeated in one to two hours. The fetal heart rate tracing was analyzed again after the mother's fever was reduced by acetaminophen. All patients delivered within four hours of the first dose. Umbilical artery blood gases were obtained at delivery. Significant improvements in the bicarbonate concentration and base deficit were noted at the time of delivery as compared to the scalp gas at the height of the maternal fever. The fetal heart rate tracings at the height of the maternal fever, characterized by tachycardia, poor variability and late decelerations, changed to a normal heart rate pattern without decelerations when the mother's fever was reduced. Hence, in the laboring gravida with chorioamnionitis, reducing maternal fever with acetaminophen improves fetal status and thereby may reduce the probability of cesarean section for fetal distress.

Database: Medline

Strategy 375921

#	Database	Search term	Results
1	Medline	((low OR mild) ADJ2 (temperature OR fever OR pyrexia)).ti,ab	44371
2	Medline	(paracetamol).ti,ab	10066
3	Medline	exp ACETAMINOPHEN/	16357
4	Medline	(Acetaminophen).ti,ab	12850
5	Medline	(2 OR 3 OR 4)	24955
6	Medline	(1 AND 5)	49
7	Medline	(labor OR labour).ti,ab	88074
8	Medline	("labor obstetric").ti,ab,af	28318
9	Medline	(7 OR 8)	101619
10	Medline	(1 AND 9)	39
11	Medline	(fever OR pyrexia).ti,ab,af	195395
12	Medline	exp FEVER/	39857
13	Medline	(11 OR 12)	195420
14	Medline	(5 AND 9 AND 13)	3
15	Medline	(9 AND 13)	943
16	Medline	exp ANTIPYRETICS/	60337
17	Medline	(15 AND 16)	3
18	Medline	(sepsis OR septic*).ti,ab	129665
19	Medline	exp SEPSIS/	109858

20	Medline	(18 OR 19)	189593
21	Medline	(15 AND 20)	160
22	Medline	(1 AND 9)	39
24	Medline	(Subfebrile OR "sub febrile").ti,ab	258
25	Medline	(9 AND 24)	4
26	Medline	(5 AND 24)	9
27	Medline	(16 AND 24)	9
28	Medline	(1 AND 9)	39
29	Medline	(5 AND 9)	76
30	EMBASE	((low OR mild OR moderate) ADJ2 (fever OR pyrexia)).ti,ab	4808
31	EMBASE	(Subfebrile OR "sub febrile").ti,ab	400
32	EMBASE	(30 OR 31)	5206
33	EMBASE	exp "PUERPERAL INFECTION"/	2634
34	EMBASE	(32 AND 33)	1
35	EMBASE	(fever OR pyrexia).ti,ab	196324
36	EMBASE	exp FEVER/	199209
37	EMBASE	(35 OR 36)	304020
38	EMBASE	(paracetamol).ti,ab	16448
39	EMBASE	(Acetaminophen).ti,ab	18593
40	EMBASE	exp PARACETAMOL/	79703
41	EMBASE	(38 OR 39 OR 40)	83107

42	EMBASE	(labor OR labour).ti,ab	108967
43	EMBASE	exp LABOR/	36639
46	EMBASE	(42 OR 43)	122039
47	EMBASE	(37 AND 41 AND 46)	35
48	EMBASE	(33 AND 41)	7
49	EMBASE	exp "ANTIPYRETIC AGENT"/	5392
50	EMBASE	(32 AND 49)	41
51	EMBASE	(46 AND 49)	19
52	EMBASE	exp "DELAYED DIAGNOSIS"/	9559
53	EMBASE	(41 AND 46 AND 52)	1
54	EMBASE	(46 AND 49 AND 52)	0
55	EMBASE	(32 AND 41)	114
56	EMBASE	exp SEPSIS/	226842
57	EMBASE	(sepsis OR septic*).ti,ab	183584
58	EMBASE	(56 OR 57)	284840
59	EMBASE	(41 AND 46 AND 58)	14
60	EMBASE	(30 AND 58)	336
61	EMBASE	(32 AND 58)	365
62	EMBASE	(46 AND 61)	10
63	EMBASE	exp CHORIOAMNIONITIS/	7424
64	EMBASE	(chorioamnionitis).ti,ab	5170
65	EMBASE	(63 OR 64)	8180

66	EMBASE	(41 AND 65)	29
67	EMBASE	(41 AND 46)	350
68	EMBASE	exp "BODY TEMPERATURE"/	55565
69	EMBASE	(67 AND 68)	6
70	EMBASE	(41 AND 46 AND 68)	6
71	EMBASE	(46 AND 49 AND 68)	1
72	EMBASE	(46 AND 68)	264
73	Medline	exp "BODY TEMPERATURE"/	81728
74	Medline	exp "BODY TEMPERATURE CHANGES"/	52500
75	Medline	(73 OR 74)	126239
76	Medline	(9 AND 75)	556
77	CINAHL	(fever OR pyrexia).ti,ab	10703
78	CINAHL	exp FEVER/	5633
79	CINAHL	(77 OR 78)	13567
80	CINAHL	(labor OR labour).ti,ab	19687
81	CINAHL	exp LABOR/	7819
82	CINAHL	(80 OR 81)	23482
83	CINAHL	(paracetamol).ti,ab	1050
84	CINAHL	(Acetaminophen).ti,ab	2001
85	CINAHL	exp ACETAMINOPHEN/	3131
86	CINAHL	(83 OR 84 OR 85)	4263
87	CINAHL	(79 AND 82 AND 86)	0

88	CINAHL	(82 AND 86)	20
89	CINAHL	exp "ANALGESICS, NONNARCOTIC"/	22966
90	CINAHL	(antipyretic*).ti,ab	405
91	CINAHL	(89 OR 90)	23150
92	CINAHL	(79 AND 82 AND 91)	4
93	CINAHL	(79 AND 82)	140
94	EMBASE	*PARACETAMOL/	23374
95	EMBASE	(46 AND 94)	58
96	EMBASE	*"ANTIPYRETIC AGENT"/	1338
97	EMBASE	(46 AND 96)	4
98	EMBASE	(46 AND 49 AND 52)	0
99	CINAHL	exp "BODY TEMPERATURE"/	5872
100	CINAHL	(82 AND 99)	48
101	Medline	((low OR mild OR moderate) ADJ2 (fever OR pyrexia)).ti,ab	3485
102	Medline	(9 AND 101)	17
103	EMBASE	exp "NEWBORN SEPSIS"/	6394
104	EMBASE	(41 AND 103)	22
105	Medline	exp CHORIOAMNIONITIS/	2657
106	Medline	(5 AND 105)	4
107	Medline	(16 AND 105)	1
108	Medline	exp "POSTPARTUM PERIOD"/	57675

109	Medline	(5 AND 20 AND 108)	0
110	Medline	(5 AND 13 AND 108)	1