Conclusion
Gestational age and mode of delivery should be factors when determining dosage of local anaesthetics in new borns!

Methods
A Prospective observational study.
Blood was sampled from the umbilical cords of 72 new born infants immediately following delivery. Plasma AAGP was analysed in EDTA plasma with an immunoturbidimetric assay on the Cobas C system (RocheDiagnostics, Germany). Total coefficient of variation was 5%.

Background
Alpha-1-acid-glycoprotein (AAGP) has a high affinity for local anaesthetics (LA).

The free fraction of LA is dependent on the plasma levels of AAGP, why this glycoprotein is important to have in mind when determining dosages of LA infusions.

Aims
The aim of this study was to determine normal umbilical plasma levels of AAGP (alpha-1-acid-glycoprotein) following delivery and to look for variations in AAGP levels in correlation to:
- Gestational age
- Weight
- Mode of delivery

Results
- Significantly higher levels of AAGP in infants born vaginally than in those delivered with elective caesarean section. Median plasma levels of AAGP were 0.189 g L\(^{-1}\) (range 0.100-0.780 g L\(^{-1}\)) and 0.115 g L\(^{-1}\) (range 0.070-0.210 g L\(^{-1}\)) p= 0.0003 in vaginally delivered and elective caesarean respectively.
- A correlation between gestational age and AAGP levels were found with increasingly higher levels in the more mature infants. P=0.01 in the vaginally born group
- No differences were seen comparing AAGP levels in new born males and females
- Birth weight did not seem to correlate to the AAGP levels in our study.