Oral Intake During Labor

ABSTRACT: There is insufficient evidence to address the safety of any particular fasting period for solids in obstetric patients. Expert opinion supports that patients undergoing either elective cesarean delivery or elective postpartum tubal ligation should undergo a fasting period of 6–8 hours. Adherence to a predetermined fasting period before nonelective surgical procedures (ie, cesarean delivery) is not possible. Therefore, solid foods should be avoided in laboring patients.

Over the past 60 years, the incidence of maternal death because of aspiration has decreased dramatically. Contributing to this decrease have been hospital policies and strategies to reduce maternal gastric volume and increase gastric pH and improvements in obstetric anesthesia practice. This has led to questions about the utility of very restrictive oral intake policies in laboring patients and calls to liberalize these policies in low-risk patients.

There is insufficient evidence to draw conclusions about the relationship between fasting times for clear liquids and the risk of emesis or reflux or both or pulmonary aspiration during labor. Although there is some disagreement, most experts agree that oral intake of clear liquids during labor does not increase maternal complications.

The oral intake of modest amounts of clear liquids may be allowed for patients with uncomplicated labor. The patient without complications undergoing elective cesarean delivery may have modest amounts of clear liquids up to 2 hours before induction of anesthesia. Examples of clear liquids include, but are not limited to, water, fruit juices without pulp, carbonated beverages, clear tea, black coffee, and sports drinks. Particulate containing fluids should be avoided. Patients with risk factors for aspiration (eg, morbid obesity, diabetes, and difficult airway), or patients at increased risk for operative delivery may require further restrictions of oral intake, determined on a case-by-case basis.

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