

# The Bottom Line: Eating During Labor



In 2017, the American College of Obstetricians and Gynecologists (ACOG) recommended fewer routine medical interventions for healthy laboring women.<sup>1</sup> For example, instead of continuous electronic fetal heart rate monitoring, they recommended intermittent monitoring of the baby’s heartbeat; and instead of routine IV fluids, they recommended that laboring women drink fluids. However, they continue to state that oral intake should be limited to clear liquids and that food should be avoided during labor.

Let’s take a look at the evidence and at what other professional organizations say about eating in labor.

WHAT RECENT EVIDENCE SAYS	WHAT OTHER ORGANIZATIONS SAY
<p><b>Cochrane Library</b>, 2013 (considered the “gold standard” for research)</p> <p>“Since the evidence shows no benefits or harms, there is no justification for the restriction of fluids and food in labour for women at low-risk of complications.”<sup>2</sup></p>	<p><b>World Health Organization</b>, 2018</p> <p>“For women at low risk, oral fluid and food intake during labour is recommended.”<sup>6</sup></p>
<p><b>American Journal of Nursing</b>, 2018</p> <p>Retrospective, observational study comparing a group of women allowed to eat and drink as they preferred (“ad lib” oral intake group) to a comparable group of women permitted nothing by mouth (ice chips only) during labor.</p> <p>“The group permitted nothing by mouth was significantly more likely to have unplanned cesarean section births than the group permitted ad lib oral intake...Allowing women ad lib oral intake during labor does not increase adverse maternal or neonatal outcomes...Further study is needed to determine what types of food and drink are most beneficial as well as what types are preferred.”<sup>3</sup></p>	<p><b>American College of Nurse Midwives</b>, 2016</p> <p>Recommendation:</p> <p>“Promote self-determination of appropriate oral intake in healthy women experiencing normal labors.”<sup>7</sup></p>
<p><b>Obstetrics &amp; Gynecology</b>, 2017 Systematic Review and Meta-Analysis</p> <p>“Women with low-risk singleton pregnancies who were allowed to eat more freely during labor had a shorter duration of labor. A policy of less-restrictive food intake during labor did not influence other obstetric or neonatal outcomes nor did it increase the incidence of vomiting. Operative delivery rates were similar.”<sup>4</sup></p>	<p><b>Society of Obstetricians and Gynaecologists of Canada</b>, 2016</p> <p>“Women who are at low risk of requiring general anesthesia should have the choice to eat or drink as desired or tolerated in labour.”<sup>8</sup></p>
<p><b>Evidence-Based Birth: Evidence on Eating and Drinking During Labor</b> by Rebecca Dekker, 2017</p> <p>“Low-risk laboring people, including those with epidurals, have the right to choose whether or not they would like to eat and drink during labor.”<sup>5</sup></p>	<p><b>American Society of Anesthesiologists</b>, 2015</p> <p>Although the ASA has not yet changed their official recommendation that laboring women take in only clear fluids during labor, they made the following statement:</p> <p>“Most healthy women can skip the fasting and, in fact, would benefit from eating a light meal during labor, suggests research being presented at the ANESTHESIOLOGY® 2015 annual meeting.”<sup>9</sup></p> <p><b>The National Institute for Health and Care Excellence (UK)</b>, 2014, updated 2017</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Inform the woman that she may drink during established labour and that isotonic drinks may be more beneficial than water. [2007]</li> <li>• Inform the woman that she may eat a light diet in established labour unless she has received opioids or she develops risk factors that make a general anaesthetic more likely. [2007]<sup>10</sup></li> </ul>

## REFERENCES

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