

Eating and drinking during labor: Let women decide

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Women should be allowed to eat and drink what they want during labour, say Cochrane Researchers. The researchers carried out a systematic review of studies examining the traditional practice of restricting food and fluid intake during labour and found no evidence for any risk or benefit for women at low risk of complications.

Throughout much of the last century, eating and drinking during labour was considered dangerous and many maternity units operated "nil by mouth" policies or restricted what [women](#) in labour were allowed to eat and drink, regardless of women's preferences. This was largely due to concerns about possibly fatal damage to the lungs caused by "Mendelson's syndrome", where particles of regurgitated food are inhaled under general anaesthetic during Caesarean sections. Recently, however, attitudes have begun to change and in many maternity wards, particularly in the UK, women are now allowed to eat and drink what they want during labour.

The Cochrane Systematic Review, which included five studies and a total of 3130 women, looked at the evidence for restricting food and drink in women who were considered unlikely to need [anaesthesia](#). They found no evidence of any risk or benefit associated with eating or drinking, whether in studies comparing eating and drinking at will or just water with complete restriction, or in studies comparing specific foods, fluids, or carbohydrate drinks with water.

"Since the evidence shows no benefits or harms, there is no justification

for nil by mouth policies during labour, provided women are at low risk of complications," said lead researcher Mandisa Singata, who is based at the East London Hospital Complex in East London, South Africa.

"Women should be able to make their own decisions about whether they want to [eat](#) or drink during labour, or not."

The researchers did not find any studies that assessed the risks of eating and drinking for women with a higher risk of needing anaesthesia. Therefore, further research is need before specific recommendations can be made for this group.

However, Singata concludes that there may be better ways to approach studies of eating and drinking during labour. "While it is important to try to prevent Mendelson's syndrome, it is very rare and not the best way to assess whether eating and [drinking](#) during labour is beneficial for the majority of patients. It might be better to look at ways of preventing regurgitation during anaesthesia for those patients who do require it," she said.

Provided by Wiley

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