

Ice chips only? Study questions restrictions on oral intake for women in labor

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At most US maternity units, women in labor are put on nil per os (NPO) status—they're not allowed to eat or drink anything, except ice chips. But new nursing research questions that policy, showing no increase in risks for women who are allowed to eat and drink during labor. The study appears in the March issue of the *American Journal of Nursing*.

"The findings of this study support relaxing the restrictions on oral intake in cases of uncomplicated labor," write Anne Shea-Lewis, BSN, RN, of St. Charles Hospital, Port Jefferson, N.Y., and colleagues. Adding to the findings of previous reports, these results suggest that allowing laboring [women](#) to eat and drink "ad lib" doesn't adversely affect maternal and neonatal outcomes.

No Increase in Complications with 'Ad lib' Oral Intake During Labor

The researchers analyzed the medical records of nearly 2,800 women in labor admitted to one hospital from 2008 through 2012. At the study hospital, one practice group of nurses and doctors had a policy of allowing laboring women to eat and drink ad lib (ad libitum, or "as they please"). Another four practice groups kept all patients NPO (nil per os, or "nothing by mouth").

Recommendations to restrict oral intake during labor reflect concerns over the risk of vomiting and aspiration (inhalation) in case general

anesthesia and surgery are needed. However, with advances in epidural and spinal anesthesia, the use of [general anesthesia](#) during labor has become rare (and, if needed, much safer than before).

The study compared maternal and child outcomes in about 1,600 women who were kept NPO (except for ice chips) with 1,200 who were allowed to eat and drink ad lib during labor. The two groups were "sufficiently equivalent" for comparison. The women's average age was 31 years. Before delivery, a "preexisting medical condition" complicating pregnancy was identified in 14 percent of the NPO group compared with 20 percent of the ad lib group.

Even though the women in the NPO group started out with fewer medical problems, they had a significantly higher incidence of complications during labor and birth, compared with the ad lib group. The women in the NPO group were also significantly more likely to give birth via unplanned cesarean section.

Other outcomes—including requiring a higher level of care after delivery and the newborns' condition as measured by Apgar score—were not significantly different between groups. Analysis using a technique called propensity score matching, comparing groups of women with similar risk factors, yielded similar results.

The findings add to those of previous studies suggesting that restrictions on eating and drinking during labor could be safely relaxed in uncomplicated cases. "Yet in keeping with current guidelines, most obstetricians and anesthesiologists in the United States continue to recommend restrictions on oral intake for laboring women," Anne Shea-Lewis and colleagues write.

"Our findings support permitting women who are at low risk for an operative birth to self-regulate their intake of both solid food and liquids

during labor," the researchers add. They note some limitations of their study, especially the fact that the women weren't randomly assigned to NPO or ad lib groups.

The authors hope their study will lead to reconsideration of current recommendations to keep women NPO during the "often long and grueling" process of labor and delivery. "Restricting oral intake to a laboring woman who is hungry or thirsty may intensify her stress," Anne Shea-Lewis and colleagues conclude. "Conversely, allowing her to eat and drink ad lib during [labor](#) can contribute to both her comfort and her sense of autonomy."

More information: Anne Shea-Lewis, et al. CE, *AJN, American Journal of Nursing* (2018). [DOI: 10.1097/01.NAJ.0000530913.80349.53](https://doi.org/10.1097/01.NAJ.0000530913.80349.53)

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