



Evidence that Empowers!

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Question: Should people be able to eat and drink during labor if they want to?

Answer: Yes. In people who are unlikely to need general anesthesia, it is extremely rare to experience complications from eating and drinking during labor.

Researchers combined ten studies that randomly assigned 3,982 low-risk birthing people to more or less restrictive food and drink regimens (Ciardulli et al., 2017).

They found that laboring under less restrictive eating and drinking policies led to shorter labors by about 16 minutes and no other differences with regards to Cesareans, forceps/vacuum use, vomiting, newborn Apgar scores, or any other health issues. One trial found that people permitted to eat had much higher satisfaction with their nourishment during labor (97% vs. 55%).

Question: If researchers recommend that laboring people should decide whether to eat or drink in labor, why do so many hospitals require fasting?

Answer: As evidence has changed over the years, hospitals have not done much to update their policies. The original concern was the risk of something called aspiration, a rare event that could happen if you need general anesthesia during the birth.

Question: What is aspiration?

Answer: Aspiration is when a person vomits stomach contents into the lungs. Illness and death from aspiration were more common in the 1940s, when most people (even those having vaginal births) were put to sleep with general anesthesia. This is when “Nothing by Mouth” restrictions were started.

However, since the 1940s, the use of general anesthesia has declined to less than 6% of Cesareans (D’Angelo et al., 2014). The increased use of epidurals, as well as new techniques to manage stomach contents and keep the airway safe during surgery, have made aspiration very rare.

Question: How often does aspiration happen during Cesareans today?

Answer: In a large study of 45 million births, researchers looked at 129 anesthesia- and pregnancy-related deaths in the U.S. between 1979 and 1990. During that decade, 33 people died from aspiration during a Cesarean under general anesthesia, or approximately 1 death for every 1.4 million births (Hawkins et al., 1997).

In the United Kingdom, people have been encouraged to eat and drink as desired during labor since 2007. A study from 2013-2015 found 9 confirmed cases of aspiration (1 death) out of 1.5 million pregnancies. The authors write that “there does not appear to be a substantial number of cases associated with oral intake in labor following the change in policy [to no longer require fasting]” (Knight et al., 2016).

Question: Are there any situations where fasting might make more sense?

Answer: A few health conditions might increase risk of aspiration: eclampsia, pre-eclampsia, and the use of intravenous (IV) opioids (such as morphine) to manage labor pain (Harty et al., 2015). However, there is no evidence showing that fasting will help lower the risk of aspiration in low-risk or high-risk situations.

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“**Bottom line: People have the right to decide whether they’d like to eat and drink during labor.**”

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3. Harty, C., et al. (2015). A Review of Fasting and the Risk of Aspiration in Labour. *American Society of Anesthesiologists ABSTRACT*, Memorial University Faculty of Medicine, St. John’s Newfoundland and Labrador, Canada.
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