Running the Marathon of Labor on an Empty Stomach
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Purpose
Should the low risk laboring patient be allowed to eat during labor? The purpose of this project is to determine reasons for the clear liquid diet during labor and to update the practice to reflect current evidence.

Current Practice
At UnityPoint Health-Des Moines (UPH-DM), the standard of care during labor is that patients are to be kept on a clear liquid diet while in labor.

This diet includes:
- Juice
- Water
- Jello
- Popsicle
- Broth

History
The anesthesia guidelines for eating during labor are based on a study from 1946 by Curtis L Mendelson prompting the following guidelines for obstetric patients to decrease the risk of aspiration associated with anesthesia:
- Restricting oral intake during labor
- Administering medications during cesareans in order to neutralize stomach contents.
- Decrease the use of general anesthesia by using regional anesthesia.

Findings
• Not eating (inadequate nutrition) during labor can:
  - Increase woman’s perception of pain (Parsons, 2004) (Manizheh & Leila, 2009)
  - Increase stress (Manizheh & Leila, 2009)
  - Decrease strength and energy (Manizheh & Leila, 2009)
  - Decrease patient control (Parsons, 2004)
  - Decrease patient satisfaction (Iravani, et al., 2015)
  - Lengthen labor/increase stress to fetus (Harty, et al., 2015)

• ACOG Committee Opinion: there is insufficient evidence, therefore solid food should be avoided (2009).

• From a review of 385 studies, one case of fatal aspiration was noted in the US from 2005-2013. This patient was obese and preeclamptic (Harty, et al., 2015).

• American Society of Anesthesiologists’ Annual Meeting 2015 Press Release states:
  - Current anesthesia practices are safer, withholding food and liquids may be unnecessary, and healthy women may benefit from eating a light meal (soup, fruit, toast, sandwiches).
  - Contraindications to eating during labor:
    - Preeclampsia/ Eclampsia
    - Obesity
    - Any moms who have received opioids to relieve labor pain (due to prolonging gastric emptying)

• The Society of Obstetricians and Gynecologists of Canada state that woman in active labor should be offered a light or liquid diet according to her preference (2015).

Results/Implications for Nursing Practice
The majority of research indicated that it is safe for the low risk laboring patient to eat.

The research and recommendations were presented to:
- UPH-DM Perinatal safety committee
- Obstetrical Section meeting
- Anesthesia’s Section meetings
- Maternity Services Policy and Procedure
- UPH System’s Affinity meeting

The change was supported by the majority and implemented at UPH-DM in September 2018 and is also now being implemented at many affiliates.

This update in the Intrapartum Nursing Protocol allows for the low risk patients to eat during labor at UPH-DM:

- Laboring women without any of the following risk factors may eat a low residue general diet unless otherwise ordered by the healthcare provider:
  - Pre-eclampsia, severe hypertension, eclampsia
  - Obesity (BMI >35)
  - Prior c-section

- The society of Obstetricians and Gynecologists of Canada state that woman in active labor should be offered a light or liquid diet according to her preference (2015).

References
Available upon request