

Oral intake in labour: finding the balance between comfort and safety

S Berry ST5 , M Satisha Consultant, M Sheraz SAS
Darent Valley Hospital

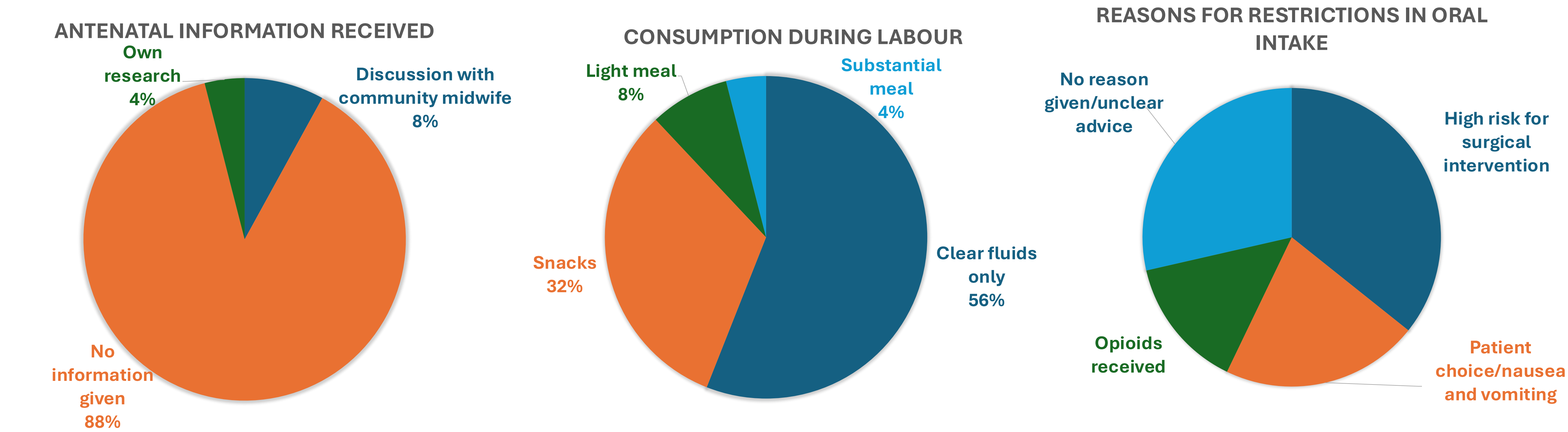
Introduction

- Traditionally, oral intake during labour was restricted due to aspiration risk under general anaesthesia, worsened by delayed gastric emptying in labour.
- However, the majority of obstetric anesthesia is now provided via regional techniques and available evidence shows that less restrictive approaches to oral intake in labour do not increase the risk of aspiration or adverse outcomes
- Furthermore, evidence has shown that overly restricting intake can negatively impact patient experience without improving safety^[1]
- A balanced, risk-aware approach is now recommended, and current NICE guidance allows clear fluids and light diet unless a woman has received opioids or she develops risk factors that make caesarean delivery more likely ^[2]
- We currently do not have any local guidelines or recommendations to reflect this evidence-based guidance
- We performed an audit of the eating and drinking practices on labour ward with a view to developing clear and safe consensus-based guidance to support triage decisions, facilitate communication between the multi-disciplinary team, and improve patient satisfaction during labour

Methods

- Audit of eating and drinking practices on labour ward
- Data collection form completed contemporaneously by the midwife allocated to the patient on labour ward
- Sample size of 25 women collected over a period of 2 weeks
- Data collected: antenatal information on guidance for eating and dinking during labour, consumption during labour, reasons for restrictions on oral intake, mode of delivery and any adverse events recorded

Results



Discussion

- Our results showed that very few women received any information antenatally in regard to their oral intake during labour, resulting in varied practices on labour ward in the absence of clear and consistent guidance
- Our results also showed that many more women than necessary restricted their oral intake, with a lack of clear information and assumptions regarding oral intake representing a proportion of these women.
- No adverse events were recorded in the audit, nor did any of the women require a general anaesthetic for operative delivery as all required interventions were carried out under regional anaesthesia.
- These results were presented at our joint Anaesthetics/Obstetrics patient safety meeting and in the absence of clear guidance as a department agreed by consensus on local guidance which reflects NICE recommendations and local practice needs.
- The agreed approach is one that focuses on dynamic risk-stratification with an easy-to-understand traffic-light system that highlights factors that could make caesarean delivery more likely and in particular if general anaesthetic may potentially be required. Furthermore, women can move between defined risk categories as labour evolves.
- Dynamic risk stratification system:

- Red category (high risk for GA): **CLEAR FLUIDS ONLY**
 - BMI >40
 - Severe pre-eclampsia
 - Anticipated difficult airway/history of difficult airway
 - CTG concerns requiring multiple reviews
 - Contraindication to neuraxial block (e.g. recent thromboprophylaxis)
 - Multiple pregnancy
- Orange category (intermediate risk : may require operative delivery) **CLEAR FLUIDS and LIGHT DIET**
 - BMI >35
 - VBAC
 - Receiving opioids
 - Epidural in place (may affect decision depending on mobility and urgency)
 - Potential for escalation (e .g. slow progress, non-reassuring CTG)
- Green category (low risk): **CLEAR FLUIDS AND LIGHT DIET**
 - No identified risk factors



Conclusion

- Guidance for eating and drinking in labour is crucial for the balance of perioperative safety and maternal satisfaction
- We have developed a thoughtful, dynamic approach to oral intake during labour which can improve maternal experience during labour whilst recognising and adjusting for evolving clinical risk
- Multidisciplinary agreement enhances confidence in guidance and care pathways

References:
1. Singata M, Tranmer J, Gyte GML. Restricting oral fluid and food intake during labour, Cochrane Database of Systematic Reviews 2013; 8: Art No.:CD003930
2. NICE recommendations for intrapartum care, *Eating and drinking in labour* 1.8.17-8 [2007, amended 2023], (<https://www.nice.org.uk/guidance/ng235/chapter/Recommendations#first-stage-of-labour>) accessed 21.01.25