



Water and food fasting during labour: Tunisian midwife's perspective

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Introduction:

Since the 1940s, strict fasting for parturients has rapidly gained acceptance throughout the world. However, this dogma has been challenged by learned societies and official recommendations have evolved in favour of oral intake in the low-risk parturient. The objective of this study was to describe the feelings of parturients according to attitudes of the health care team.

Methods:

Our study extended from February 1, 2022 until March 15, 2022. It was conducted online via a self-administrated questionnaire distributed in the format of a "Google Forms". We gathered 68 responds from midwives who worked in the delivery room.

Results:

Most midwives were older than 40 years. Regarding oral hydration, midwives were permissive in the latent phase (64%). Regarding the active phase, most participants had forbidden any oral hydration (76%). The attitude of the midwives regarding feeding was rather restrictive: restriction was systematic in the active phase for 91% of them and more than half had forbidden it in the latent phase, while 62% had authorised feeding in the immediate post-partum period. This attitude was most often explained by the fear of the risk of vomiting and inhalation. More than half of midwives (58.5%) considered they had good knowledge of the current recommendations for fasting in the delivery room. However, in detail, this knowledge seems fragile and insufficient. When asked about the indications for fasting in the delivery room, the answers were disparate: fear of general anaesthesia was cited as the main indication. The risk of vomiting during labour and a previous caesarean section were listed on the second and third place.

Discussion:

According to our results, midwives were more permissive in the latent phase or in the immediate postpartum period and resorted to light meals since this type of food can give energy to the parturient without having a great influence on the gastric content. While during the active phase, food restriction was systematic for fear of vomiting during labour or the risk of emergency Caesarean section. This attitude is supported by the literature. Scrutton et al in 1999 demonstrated that moderate intake of low residue solid foods increases gastric volume and vomiting.

Conclusions:

The recommendations of the learned societies are in favour of a permissive attitude concerning water intake in delivery rooms and to a lesser degree for food intake, particularly in the active phase. The midwife has an essential role in monitoring the progress of labour, but also in ensuring the physical and psychological well-being of the mother-to-be.

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