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Eating in Labor: A Cross-Sectional Survey of Obstetric Providers via Social Media

Shelby Crants, MD; Christina Amutah, MD; Nicole Smith, MD, MPH

Background:

- Solid food intake confers **increased risk of aspiration without definitive medical benefits** for laboring patients and patients with preeclampsia with severe features receiving magnesium for seizure prophylaxis[1-2]
- Many patients experience **significant distress over dietary restrictions** intrapartum, particularly for patients with prolonged labor or induction courses
- ASA Statement on Oral Intake in Labor recommends **consumption of solid food during active labor should be avoided**[3]

Hypothesis:

- Labor and delivery units across surveyed institutions have **heterogeneous practices regarding dietary restriction in labor**, and **most obstetric providers support liberalized dietary intake** for laboring patients

1. ASA Statement on Oral Intake During Labor 2022
2. Stephens BMC Pregnancy Childbirth 2024
3. Fishel Bartal Am J Obstet Gynecol 2022

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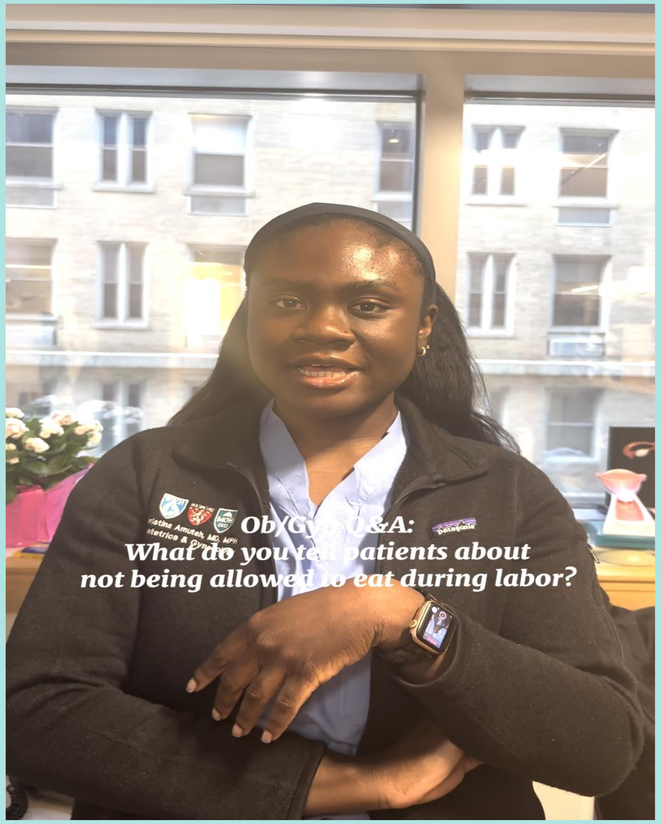
Study Design & Methods



Responses received from 69 providers across 12 states and 2 countries

- **Primarily academic** hospitals (63%)
- **Mostly OB/GYNs (40%) and L&D nurses (42%)**
- **Wide age range**, 64% aged 26-35
- Majority **female (94%)** and **white (65%)**

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Study Results

*PET = pre-eclampsia

Response to Survey	Laboring Patients N (%)	PET Patients N (%)
Any feeding restrictions		
Yes	55 (87%)	37 (64%)
No	5 (8%)	15 (26%)
Not sure	3 (5%)	6 (10%)
Specific feeding restrictions		
Clear liquid diet	47 (90%)	27 (75%)
Nothing per mouth w/ exceptions	4 (8%)	7 (19%)
Strict nothing per mouth	1 (2%)	0 (0%)
Significant benefits to eating		
Strongly agree	44 (77%)	30 (56%)
Somewhat agree	10 (18%)	12 (22%)
Neutral	1 (2%)	9 (17%)
Somewhat disagree	1 (2%)	3 (6%)
Strongly disagree	1 (2%)	0 (0%)
Significant health risks to eating		
Strongly agree	2 (4%)	3 (6%)
Somewhat agree	12 (21%)	13 (24%)
Neutral	11 (19%)	14 (26%)
Somewhat disagree	22 (39%)	19 (35%)
Strongly disagree	10 (18%)	5 (9%)
Belief that patients should get to eat		
Strongly agree	37 (64%)	25 (45%)
Somewhat agree	16 (28%)	11 (20%)
Neutral	1 (2%)	9 (16%)
Somewhat disagree	3 (5%)	10 (18%)
Strongly disagree	1 (2%)	0 (0%)

Most respondents:

Have some form of dietary restriction on L&D for laboring and pre-eclamptic (PET) patients

Believe there are benefits to eating on L&D

Don't believe that there are significant health risks to eating on L&D **for laboring patients**, with more **varied responses for PET patients**

Believe their patients should be able to eat

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Conclusions

- **Pregnant and pre-eclamptic patients are at risk for aspiration**, which can have serious health consequences
- ASA recommends limiting solid food intake during active labor, but **many labor and delivery units enforce restrictive dietary policies in the latent phase** of induction or spontaneous labor
- **Most surveyed obstetric providers believe there are benefits to eating** in labor and support more liberal dietary practices

To learn more about our work on eating in labor, check out Abstract No. 2320986 (Food for Thought: Patient Perspectives on Diet During Labor with Epidural Analgesia)

Brigham and Women's Hospital
Founding Member, Mass General Brigham

Medical Staff Note...

OBSTETRICS AND GYNECOLOGY

BRIGHAM AND WOMEN'S HOSPITAL

DATE: September 18, 2025 #2416

TO: Medical Staff

FROM: Shelby Crants MD, Nicole Smith MD MPH, Julianna Schantz-Dunn MD MPH, Sebastian Seifert MD, Michaela Farber MD MS.

RE: Proposed Clinical Guidelines for Diet Order after Epidural Placement on Labor and Delivery

Brigham and Women's Hospital
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Medical Staff Note

OBSTETRICS AND GYNECOLOGY
BRIGHAM AND WOMEN'S HOSPITAL

DATE: January 29, 2026 #2419
FROM: Shelby Crants, MD, Nicole Smith, MD, MPH
RE: Dietary Ordering for Patients with Preeclampsia with Severe Features on Seizure Prophylaxis

Summary:

Seizure prophylaxis for patients with preeclampsia with severe features can be de-coupled from dietary ordering, such that not all patients receiving magnesium or alternative forms of seizure prophylaxis need to be on a clear liquid diet.

- Antepartum dietary orders should be driven by individual clinical presentation and shared decision-making with the patient based on risks and benefits of eating solid foods
- Postpartum dietary orders can be driven by standard clinical practice