

Light Eating During Labor Won't Raise Complication Risk: Risk low, satisfaction high in U.K. study.

[BETSY BATES](#) (Los Angeles Bureau)

Article Outline

RENO, NEV. — Women permitted to eat low-fat, low-residual foods during labor were no more likely than women who received only water to have labor, delivery, or neonatal complications in a randomized study conducted in the United Kingdom.

Moreover, women who ate rated their overall labor experience as significantly better than that of women who were only allowed to drink water, according to a study presented in poster form at the annual meeting of the Society for Gynecologic Investigation.

Dr. Bing Liu and associates randomized 2,426 primiparous, low-risk laboring women to one of two groups, either allowing them to eat lightly during labor as they desired, or to have water only.

No differences were found in the primary end point: spontaneous vaginal delivery (44% in both groups), or in a host of secondary outcomes including duration of labor (698 minutes vs. 718 minutes), medical interventions during labor, instrumental delivery rate, cesarean section rate, augmentation of labor, neonatal Apgar scores, or neonatal admission to a special care baby unit or neonatal intensive care unit.

Vomiting was not more common among women allowed to eat light foods, 18% of whom vomited once and 17% of whom vomited more than once, compared with 17% and 17% of women in the water-only cohort.

The most feared complication of food intake during labor—pulmonary aspiration of gastric contents, especially while under general anesthesia—did not occur, said Dr. Liu in an interview at the meeting.

Hospital and physician policies prohibiting food intake during labor were established in the late 1940s out of fear of the potentially fatal complication. However, anesthesia during labor has changed dramatically in 50 years, with few women undergoing general anesthesia.

In a recent survey conducted by the U.K. Department of Health, where a liberal food intake policy in labor is common, one case of fatal pulmonary aspiration occurred in 2 million deliveries, said Dr. Liu. Not all women desire food during labor, she noted. "In our experience, about 30% spontaneously wanted to eat."

Most preferred light items such as toast or fruits and vegetables. "When labor reached the second stage, very few wanted to eat," Dr. Liu said.

After delivery, a randomly selected subgroup of 152 patients answered questions about the overall labor experience. Those who had received food at will were significantly more satisfied overall.

Two U.S. physicians attending the meeting agreed that mounting evidence suggests the issue deserves revisiting.

"Many, many women in the post-World War II era received twilight sleep," said Dr. Wayne Cohen, chairman of obstetrics and gynecology at Jamaica Medical Center, and professor of clinical obstetrics and gynecology at Cornell University, both in New York. "Vomiting is more dangerous for anyone on sedatives, and everyone got a lot of narcotics." In today's obstetric world of epidural anesthesia, pulmonary aspiration is so rare it would be difficult to study, he said. "I strongly suspect it doesn't make much difference if women eat something light and easy to digest."

Dr. Susan Reed of the department of women's health at the University of Washington, Seattle, agreed.

"It wasn't a bad theory, but we've come beyond that, and it may be time to reconsider these policies," she said.

Both U.S. physicians said considerable disagreement exists within hospitals about policies concerning food during labor. Obstetricians, anesthesiologists, and nurses often hold contrary positions, and compromises have to be made, they said.

Medicolegal issues likely play a role.

"If a woman ate a Big Mac, vomited and aspirated, the lawsuit would be catastrophic," Dr. Cohen said.

Dr. Liu, a postdoctoral fellow in the division of reproduction and endocrinology at King's College, London, presented the study on behalf of associates at King's College, St. Thomas' Hospital, London, and Queen Mary's Hospital, Sidcup, England.

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