



## LOCAL ANTENATAL COURSES FOR LOCAL PEOPLE

### EATING AND DRINKING IN LABOUR

#### THE ISSUE

Giving birth, like any physically demanding process, needs the energy, which the body gets from food. However, there are medical reasons why, once they reach hospital and are confirmed to be in labour, many women are discouraged from eating and drinking anything other than sips of water and ice.

#### THE ARGUMENTS

The main reason for the starvation of a woman in labour is the possibility of having to give a general anaesthetic for e.g. a Caesarean Section. There is a danger of inhaling vomit. Food particles can block the lungs and cause suffocation and also the acid in stomach contents can burn the windpipe and lungs: this is called Mendelson's Syndrome and can be fatal. The risk is thought to increase the greater the stomach contents and the slower the stomach empties. Contractions slow down the digestive system so that food remains in the stomach longer. Narcotic drugs, like Pethidine, and strong emotions such as pain, fear and exhaustion have a similar effect.

However, starvation may not reduce the risk, since the stomach continues to produce gastric acid even when empty. Antacids are sometimes given to a woman in labour but these probably do not neutralise the stomach contents as effectively as small quantities of food taken at regular intervals. The risk of Mendelson's Syndrome has been significantly reduced by a decrease in the use of general anaesthesia and by improvements to anaesthetic techniques.

When body fat is broken down for energy, substances called ketones are produced and any excess ketones are expelled in the urine. This process happens in most labours since energy requirements are high. However, in the absence of sufficient carbohydrates from food, there may be excessive breakdown of body fat producing a build up of ketones in the blood and tissues which reduces the available oxygen and can be life threatening. Setting up a glucose drip can treat this condition but this can have side effects for the baby, reduces the woman's mobility and sense of control and she will probably still feel hungry.

It is argued that not eating will reduce the likelihood of a woman vomiting in labour but vomiting is a normal effect of the expulsive reflex and it can be more unpleasant to be sick on an empty stomach.

Hunger, and the stress, exhaustion and demotivation associated with it, can reduce the effectiveness of uterine contractions and impede the course of labour which may lead to interventions becoming necessary.

#### SELF HELP

# birthmatters

AT THE START OF FAMILY LIFE



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- \* **Talk to your midwife** about hospital policy concerning nutrition in labour.
- \* **Include your wishes** in your birth plan: for instance you might say you would like to eat and drink as necessary and as you feel inclined in order to avoid having a glucose drip.
- \* **Make the most** of your time at home in early labour to build up energy with easily digestible snacks. Think breakfast-type foods: toast, egg, cereal, yoghurt, and light soup.  
Drink herbal tea and non-citrus fruit juice.
- \* **Take** fruit juice, honey and glucose tablets into hospital with you to keep up your stamina as labour progresses. In the later stages of labour you will probably only want the recommended sips of water and chips of ice to prevent dehydration and to cool you down.
- \* **Don't forget** sustaining snacks for your partner and for yourself after the birth!

### References:

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