



Evidence that Empowers!

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Question: Should people giving birth be able to eat and drink during labor if they want to?

Answer: Yes. In people who are unlikely to need general anesthesia, it is extremely rare to experience complications from eating and drinking during labor.

Researchers combined ten studies that randomly assigned 3,982 low-risk women to more or less restrictive food and drink regimens ([Ciardulli et al. 2017](#)).

They found that people laboring under less restrictive eating and drinking policies had shorter labors by about 16 minutes and no other differences with regards to Cesareans, operative vaginal births, vomiting, newborn Apgar scores, or any other health issues.

Question: If researchers recommend that women decide whether to eat or drink in labor or not, why do so many hospitals require fasting?

Answer: As evidence has changed over the years, hospitals have not done much to update their policies. The original concern was the risk of something called aspiration, a rare event that could happen if you need general anesthesia (put to sleep) for a Cesarean.

Question: What is aspiration?

Answer: Aspiration is when a person vomits stomach contents into the lungs. Illness and death from aspiration used to be more common during Cesareans back in the 1940s, which is why “Nothing by Mouth” restrictions were started.

However, since the 1940s, the use of general anesthesia has declined to less than 6% of Cesarean births ([D’Angelo et al. 2014](#)). The increased use of epidurals, as well as new techniques anesthesiologists use to manage stomach contents and keep a person’s airway safe during surgery, have made aspiration an incredibly rare event. These advances were not available back in the 1940s.

Question: So how often does aspiration happen during Cesareans today?

In a large study of 45 million births, researchers looked at 129 anesthesia-related maternal deaths that happened in the U.S. between 1979 and 1990. During that decade, 33 people died from aspiration during a Cesarean under general anesthesia, or approximately 1 death for every 1.4 million births ([Hawkins et al. 1997](#)).

In the United Kingdom, people are encouraged to eat and drink as desired during labor. UK’s National Audit Project found one serious illness from aspiration out of 720,000 deliveries during the study period ([Cook et al. 2011](#)).

Question: Are there any situations where fasting might make more sense?

Answer: A few health conditions can increase risk of aspiration: eclampsia, pre-eclampsia, obesity, and the use of intravenous (IV) opioids (such as morphine) to manage labor pain. People with these risk factors might lower their risk of aspiration by fasting during labor ([Harty et al. 2015](#)).

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“**Bottom line: People have the right to decide whether or not they’d like to eat and drink during labor.**”

Ciardulli, A., Saccone, G., Anastasio, H., & Berghella, V. (2017). Less-Restrictive Food Intake During Labor in Low-Risk Singleton Pregnancies: A Systematic Review and Meta-analysis. *Obstet Gynecol*. [Click Here](#).

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D’Angelo, R., et al. (2014). “Serious complications related to obstetric anesthesia: the serious complication repository project of the Society for Obstetric Anesthesia and Perinatology.” *Anesthesiology* 120(6): 1505-1512. [Click Here](#).

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