Worcestershire Acute Hospitals NHS Trust

Obstetric Eating and Drinking Guidance

Key Document code:	WAHT-TP- 094	
Key Documents Owner/Lead:	Dr Hillman/ Greenwood	Consultant Obstetrician / Anaesthetist
Approved by:	Maternity Governance Meeting	
Date of Approval:	1st February 2021	
Date of review:	1st January 2024	

Key Amendments

Date	Amendments	Approved by
30 December 2020	Change to starvation limits in elective obstetric patients	

Women in labour

Thee guidance below is for all women in labour and is based on NICE guidance for intra-partum care (2007). Food and drink provides energy and resources that are needed by the body to function during times of high activity. Labour is a high-level activity depleting the body of resources which need replacing rapidly.

The development of ketosis can be associated with nausea, vomiting and headache and may be a feature of exhaustion. Ketosis may contribute to the development of dysfunctional labour. Limited evidence suggests that a light diet or fluid carbohydrate intake in labour may reduce ketone body production while maintaining or increasing glucose and insulin.

Guidance

- Women may drink during established labour and should be encouraged to consume isotonic drinks, for example, Lucozade Isotonic Sports drink.

- Women may eat a light diet during Induction of labour and in established labour unless they have received opioids or they develop risk factors that make **an urgent general anaesthetic** more likely. These include:

    - Meconium stained liquor,
    - Fetal heart rate anomaly,
    - Blood pressure abnormality,
    - Prolonged first or second stage of labour,
    - Ongoing intravenous Oxytocin infusion

- A light diet can include: bread, toast, sandwiches (not containing dairy products, for example, egg or cheese), biscuit bars, biscuits, bananas, chocolate bars, including chewing gum.

- Chewing gum has not been found to increase gastric fluid volume to a clinically significant level and so should not delay elective surgery or be denied women in labour (Ref 3).

- If women have diabetes please refer to WAHT-DIE-005, WAHT-OBS-038 and WAHT-OBS-039.

- Proton pump inhibitors and antacids should **NOT** be given routinely to low-risk women.

- Either Proton pump inhibitors or antacids should be considered for women who receive opioids or who develop risk factors (as above) that make **a general anaesthetic** more likely.

Planned Caesarean Section

Traditional starvation guidelines for elective surgery are now seen to be too restrictive. The inherent difficulties with timing of surgery and communication between theatre and ward (in spite of encouragement of patients to keep drinking until 2 hrs pre surgery) still see unnecessarily prolonged eating and drinking times (ref 1).

The evidence base supporting free fluid intake up until 2 hours before surgery is well established in Obstetric populations and growing, with National Audit criteria suggesting that Elective Obstetric starvation guidance can reflect that of Non-obstetric populations (ref 2). The evidence-base for free fluid intake up until the point of surgery is there and growing for Paediatric and adult day-case surgery. In an Obstetric population who are not planned to undergo general anaesthesia, the possible increased risk of allowing free clear fluid intake up until the point of surgery would not outweigh the advantages to reduced ketonuria, maternal satisfaction and well-being.

The following guidance applies to all planned Obstetric surgical patients. At their pre-assessment appointment women will be advised of the following depending on whether they are delivering in the morning or afternoon:

EATING:

1. **If delivery is in the morning** (earliest start time 08.30) - Eat food up until 02.30 on the morning of procedure.

2. **If delivery scheduled for the afternoon** (earliest start time 13.30) - Light breakfast (eg. Cereal, toast) and finish eating by 07.30.

DRINKING:

1. **Drink freely up until taken to theatre from ward**. The following fluids are acceptable:

- Clear fluids such as water, fruit squash or non-fizzy energy drinks
- Tea or coffee with a small amount of milk or sugar
- Chewing gum is acceptable

DIABETICS can use non-fizzy energy drinks, fruit squash and tea/coffee as required to manage their blood sugar levels during the morning before surgery. This should be in conjunction with a management plan for Diabetes from midwife/Diabetic team.

Exclusions:

1. Any woman who needs a General Anaesthetic for their Caesarean section

2. Any woman deemed very high risk for conversion to General Anaesthesia even if regional is planned.

3. Any emergency case or woman in Labour as described above

References:

1. Starvation before surgery: is our practice based on evidence? GR Wilson, KL Dorrington - Bja Education, 2017

2. RCOA. Raising the Standard: A compendium of Audit recipes. 3rd Ed. 2012.

3. The role of perioperative chewing gum on gastric fluid volume and gastric pH: a meta-analysis
Journal of Clinical Anesthesia. Volume 27, Issue 2, March 2015, Pages 146-152