

Eating and Drinking in Labour

Key Document code:	WAHT-TP- 094	
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Approved by:	Maternity Governance Meeting	
Date of Approval:	15 th November 2019	
Date of review:	15 th November 2022	

Key Amendments

Date	Amendments	Approved by

Introduction

This guideline 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.

Guideline

- 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 in established labour unless they have received opioids or they develop risk factors that make **a general anaesthetic** more likely. These include: meconium stained liquor, fetal heart rate anomaly, blood pressure abnormality, prolonged first or second stage of labour,
- 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.
- If women have diabetes please refer to WAHT-DIE-005, WAHT-OBS-038 and WAHT-OBS-039.
- H2-receptor antagonists or antacids should not be given routinely to low risk women.
- Either H2-receptor antagonists or antacids should be considered for women who receive opioids or who develop risk factors (as above) that make **a general anaesthetic** more likely.