

Nourishment and Hydration of Persons in Labour and Postpartum

Site Applicability

St. Paul's Hospital, Maternity Centre

Practice Level

Specialized: Physicians (with perinatal privileges, and Anesthesiologists), Registered Midwives, Registered Perinatal Nurses

Requirements

An order by a physician or midwife is necessary for all oral intake during labour and in postpartum when risk factors for an operative birth or surgical intervention are present.

Need to Know

- Recent research indicates the historical withholding of food in labour is overly restrictive for those at low risk for requiring an operative birth (Caesarean or operative vaginal birth).
- Persons in labour are active participants in self-regulation of their oral fluid and food intake.
- Individual situations may be brought to the collaborative attention of the primary health care provider AND the anesthesiologist to determine the best options.

Nutrition Recommendations for Those at Risk for Operative Intervention and/or Aspiration with Anesthesia

LOW RISK	HIGHER RISK
<p>A low-fat, low-residue carbohydrate diet should be recommended including:</p> <ul style="list-style-type: none"> Toast, crackers, plain pasta, white rice, noodles in clear broth Cooked vegetables without skin or seeds Fruit such as bananas, melon, plums, peach, papaya, watermelon 	<p>Clear fluids only should be recommended including:</p> <ul style="list-style-type: none"> Water, sports drinks, clear tea, black coffee Clear gelatin foods, clear broth, clear frozen foods
<p>FOODS THAT SHOULD BE AVOIDED:</p> <p>High protein – High residue foods such as:</p> <ul style="list-style-type: none"> Foods high in fibre and protein (e.g. nutrition bars, nuts, etc.) Raw vegetables Protein and dairy products 	

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Guideline

Assessment

Risk factors include, but may not be limited to:

Risk Factors for an Operative Birth	Risk Factors for Aspiration with Anesthesia
<ul style="list-style-type: none"> BMI greater than 40 Any medical or obstetrical condition associated with increased rate of Caesarean section (e.g. preeclampsia, multiples, non-cephalic presentation, etc.) Non-progressive labour or prolonged augmentation (e.g. requiring oxytocin) Worsening intrapartum medical/ obstetrical condition for individual or fetus that may require expedited delivery Abnormal fetal heart rate assessment, or atypical fetal heart rate assessment when delivery is not expected imminently Interventions such as scalp lactate sampling, amnioinfusion, or IUPC insertion 	<ul style="list-style-type: none"> Altered or fluctuating level of consciousness Persons with active substance use disorder Persons who have taken or have been administered opioids (e.g. fentanyl, morphine, hydromorphone) within the last two hours Neuraxial analgesia <p>Note: Methadone does not have a significant effect on delayed gastric emptying. There is no information on suboxone.</p>

Admission

- All pregnant persons in labour should remain fasting/nothing by mouth (NPO) until a nursing admission assessment has been completed, including assessment of the risk of operative birth.

Intrapartum

- Once assessed, a low risk labouring person should self-regulate their food and fluid intake.
- The primary nurse ensures the labouring person is knowledgeable regarding recommendations for nutritional support in labour that are appropriate to the individual and the situation.
- Ongoing assessment for risk of operative birth or increased risk for aspiration with anesthesia will take place.
- When risk factors are identified, the labouring person should restrict all oral intake, other than clear fluids.

Postpartum

- Ongoing assessment for risk of operative procedure or increased risk for aspiration with anesthesia will take place. Risk factors include excessive bleeding, abnormal vital signs, and altered level of consciousness.
- Those who have had a vaginal birth with no risk factors and placenta has been delivered may drink or eat as per their preference and as tolerated.

- The Care Provider determines the appropriate diet level and inputs orders

Documentation

Documentation will adhere to PHC and Cerner documentation guidelines.

- CERNER PowerChart →

When the decision for operative intervention is made, the person should remain NPO until after the procedure and assessment confirms low risk for operative intervention and/or aspiration with anesthesia.

- Interactive View and I&O, in appropriate bands including but not limited to:
 - OB Special Assessment Band (e.g. Peripheral IV)
 - OB Systems Assessment Band (e.g. Activities of Daily Living)
 - OB Education Band (e.g. NPO/Diet/I&O Status, etc.)
 - Intake and Output Band
- Orders
- Allergies

Patient and Family Education

- Explain to the pregnant person and their family the concept of self-regulation of food and fluid intake during labour
- Explain to the pregnant person and their family the need to restrict foods and fluids:
 - During initial assessment and admission process
 - If risk factors for general anesthesia/Caesarean delivery are present

Related Documents

- [B-00-07-10045](#) – Patient Controlled Epidural Analgesia: Care and Assessments in Labour
- [B-00-07-10030](#) – Induction of Labour/Augmentation of Labour: Oxytocin Administration in the Maternity Centre
- [BD-00-07-40083](#) – Diet Writing Guidelines
- [BD-00-12-40080](#) – [IV Therapy, Peripheral: Insertion, Care and Maintenance](#)

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