Mid Essex Hospital Services NHS
NHS Trust

NUTRITION IN LABOUR AND ANTACID PROPHYLAXIS FOR THE PREGNANT PATIENT AT TERM	CLINICAL GUIDELINES Register no: 04253 Status: Public

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Contributes to CQC Standards No	C5a

Consulted With	Post/Committee/Group	Date
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Policy to be followed by (target staff)	**Midwives, Obstetricians, Paediatricians**
Distribution Method	Intranet & Website. Notified on Staff Focus
Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention 04072 Hand Hygiene 09079 Guideline for the Management of Normal Labour and Prolonged Labour in Low Risk Patients 07069 Antacid Prophylaxis and Feeding Policy for Elective Caeasarean Sections

Review No	Reviewed by	Review Date
1.0	Dr G Philpott	October 2002
2.0	Dr G Philpott	October 2005
3.0	Dr G Philpott	April 2008
3.1	Sarah Moon-Front sheet, equality and diversity; audit and monitoring update	June 2010

It is the personal responsibility of the individual referring to this document to ensure that they are viewing the latest version which will always be the document on the intranet

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1.0 Purpose of Guideline

1.1 Patients in labour may need to have their baby delivered as a matter of urgency due to either maternal or fetal compromise.

1.2 In certain circumstances this may necessitate a general anaesthetic.

1.3 There is an increased risk of reflux of gastric contents in a term pregnant patient and this is exacerbated by relaxation of the gastro-oesophageal sphincter when a general anaesthetic is administered.

1.4 This guideline is designed to classify patients into low and high-risk labour groups, which correlates with the increased risk of requiring a general anaesthetic in the high-risk labour group.

1.5 The feeding and antacid policy is designed to minimise the risk of reflux and to reduce the potential for aspiration of gastric contents into the lungs.

2.0 Equality and Diversity

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3.0 Definition of Low and High Risk Labour

3.1 There will always be a debate over the definition of low and high-risk labour; this document is merely aimed at providing guidelines on risk stratification. The final decision is left to the individual midwife/ obstetrician

3.2 Low Risk Includes:

- Spontaneous labour, no known obstetric problems
- Induction of labour (no previous adverse obstetric history) including syntocinon augmentation
- Prolonged rupture of membranes (if no deviations from normal)
- Pethidine or epidural analgesia

3.3 High Risk Includes:

- Multiple pregnancy
- Maternal medical problems
- Vaginal birth after caesarean section (VBAC)/ trial of Labour for previous section
- Combined risk factors i.e. epidural and syntocinon augmentation

4.0 Definition of Active Labour

4.1 Active labour is defined as the onset of strong, regular, painful contractions associated with progressive cervical dilatation (> 4cm) and descent of the presenting part.

5.0 Feeding and Antacid Guidance

5.1 Early and active labour - **low risk**:

- Normal diet in early labour
- A light diet is recommended for established labour
- Antacid prophylaxis is not required

5.2 Early and active labour - **high risk**:

- A light diet is recommended in early labour
- Once labour is established, 150mg ranitidine orally every 6 hours with oral intake restricted to water, fruit squash or isotonic non-carbonated drinks

5.3 Normal diet constitutes any foodstuffs

5.4 Light diet is classified as tea, coffee, toast, fruit, yoghurt, cereals, biscuits and low fat snack foods

5.5 Drinking in labour - carbonated drinks and fruit juices are found to delay gastric emptying. Cold iced water or low fat sports drinks are best for established labour.

5.6 Emergency or urgent anaesthesia for caesarean section; at decision to operate, the medical practitioner is to give:

- Metoclopramide, 10mg intravenously
- Ranitidine, 50mg intravenously (diluted in 10mls normal saline 0.9% and given slowly)
- Immediately prior to induction of general anaesthesia: sodium citrate 0.3M, 30mls by mouth

6.0 Staffing and Training

6.1 All midwifery and obstetric staff must attend yearly statutory training to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

6.2 All staff should be familiar with these guidelines according to Trust Policy

7.0 Infection Prevention

7.1 All staff are to ensure that they follow Trust guideline on infection prevention by washing their hands before and after each procedure and that the area in which the procedure occurs is clean.

8.0 Audit and Monitoring

8.1 The risk management lead will review all risk event forms and complaints. Any immediate training or educational issues relating to lack of compliance with this guideline will be addressed on a one to one basis.

8.2 All incidents and trends analysis will be reviewed at the Maternity Risk Management Group meeting.

8.3 Audit of compliance with this guideline will be considered annually in accordance with the Maternity annual audit work plan. The Audit Lead in liaison with the Risk Management Group will identify a lead for the audit.

8.4 The findings of the audit will be reported to the Risk Management Group and an action plan developed to address any identified deficiencies. Performance against the action plan will be monitored by this group on a monthly basis.

8.5 A survey will be undertaken by the Lead Midwife for Guidelines and Audit, at least annually, to establish staff awareness of how policies should be accessed and the document management process. Any deficiencies identified will inform the staff training programme.

9.0 Guideline Management

9.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

9.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

9.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

9.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for further training; possibly involving 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

10.0 Communication

10.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.

10.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.

10.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

10.4 Regular memos are posted on the 'Risk Management' notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

11.0 References

Yentis, S M (2007) Analgesia, Anaesthesia and pregnancy: A practical guide. WB Cambridge University Press.