

# Dehydration, Pregnancy, Delivery and Illness on Yom Kippur

*Reviewed by Dr. Charles Elder M.D.*

*Provided to you by the "Shul on the Beach",  
wishing you a happy and HEALTHY New  
Year!!!*

*Yours,*

*Rabbi Shalom Rubanowitz*

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# Dehydration, Pregnancy, Delivery and Illness on Yom Kippur

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## What is Dehydration?

Dehydration means your body does not have as much water and fluids as it should. Dehydration can be caused by losing too much fluid, not drinking enough, or both. Fasting, vomiting and diarrhea are common causes.

## Children

Infants and children are more susceptible to dehydration than adults because of their lower body weight and higher turnover of water and electrolytes. Children under 9 years old should **not** fast at all. If they are over 9 and ask for a drink at night, they should be given to drink and need not fast at all the next day. Should a child over nine fast at night and the parents believe that their child can push off breakfast for up to an hour, they are advised to allow the child to fast for educational purposes. Every subsequent year that children fast on Yom Kippur, parents can add some time to their child's fast if they believe it will have no negative repercussions. Still, the amount of time the child should fast should not be more than an hour longer than the time the child fasted the previous year. For example, if a child drinks at 7 a.m. every morning and eats at 9:00 a.m., on the first Yom Kippur they can eat and drink at 8 a.m. since that is an hour after he or she usually drinks. The following year it can be extended but I suggest that it not be any later than 9 a.m. Children should not fast the entire fast until they are bar or bat mitzvah.

When children or adults may eat on Yom Kippur, they should **not** make kiddush. Since the default for adults is to fast, no *kiddush* was instituted for the day. Thus, when children eat, there is no educational benefit for them to make kiddush since when they become adults, they would not make kiddush on this day. However, when reciting *birchas hamazon*, it is appropriate to add *yaaleh veyavo* and refer to Yom Hakippurim. Should a child or sick person recite *birchas hamazon* without mention of *yaaleh veyavo*, it should not be repeated (Shulchan Aruch 618).

## Nursing Mothers

Healthy nursing mothers need to fast.<sup>1</sup> However, it is important to keep an eye out for nursing infants. Fewer wet diapers is a good reason to touch base with a pediatrician.<sup>2</sup> Sometimes a nursing mother will need to drink on Yom Kippur for the sake of infant. While the mother's body may not be adversely affected by the fast, the fast can affect her infant and the mother may need to replenish fluids to keep her infant out of danger. Fasting, however, usually doesn't affect the milk supply until the day after Yom Kippur. If one has a concern about the infant's capability to endure the fast of the mother, the infant's pediatrician should be consulted before Yom Kippur.

## Elderly and Ill

The elderly and ill are also at higher risk for dehydration and family and friends should take notice of how they are managing on Yom Kippur.<sup>3</sup>

Dehydration is classified as mild (5% loss of body weight), moderate (10%), or severe (15%) based on how much of the body's fluid is lost or not replenished. A loss of about 10% of body weight due to dehydration is a life-threatening emergency, but even a 1%-2% loss of body weight may cause symptoms.

## Signs of Dehydration

- ❖ Headache, dizziness and lightheadedness
- ❖ Dry or sticky mouth

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<sup>1</sup> If the mom has a history of mastitis (breast infection) or if she or her physician is concerned about this potential health complication, she should consult with a physician (preferably observant) and report to her rav before Yom Kippur.

<sup>2</sup> A markedly sunken fontanel (the soft spot on the top of the head) in an infant is a late indicator of dehydration and often is difficult to detect.

<sup>3</sup> When a family member has Alzheimer's or other condition in which they might forget it is Yom Kippur, the family is advised to arrange a rotation of relatives spending time with their relative. Forgetfulness (as in Alzheimer's) does not classify the person as a *shoteh* and they are still required to fast. Nevertheless, family members cannot be *required* to forego their own davening and personal needs on Yom Kippur to assist the forgetful relative so that they do not violate Yom Kippur. Still, it is recommended to show concern for any other Jew that might need assistance in fasting, especially if it is a close relative. Sacrificing one's normal Yom Kippur routine to help a relative fulfill the *mitzvah* of fasting may be the best use of one's time on this very important day. It may be worthwhile to consult with a Rav or close friend to consider all the relevant factors before deciding about this type of situation.

- ❖ Low or no urine output; concentrated urine appears dark yellow (infants will **not** have dark urine when they are dehydrated)
- ❖ Lack of tears
- ❖ Fainting
- ❖ Sunken eyes
- ❖ Fever (in severe cases)
- ❖ Lethargy (failure to react appropriately to requests or sounds)
- ❖ Coma/shock (with severe dehydration)

**A physical examination may also show signs of:**

- ❖ Low blood pressure
- ❖ Blood pressure that drops when the patient goes from lying down to standing
- ❖ Rapid heart rate
- ❖ Poor skin turgor: The skin may lack its normal elasticity and sag back into position slowly when pinched up into a fold by the doctor; normally, skin springs right back into position.

There is evidence of a decrease in skin turgor when the skin (on the back of the hand for an adult or on the abdomen for a child) is pulled up for a few seconds and does not return to its original state. The skin on the back of the hand, lower arm, or abdomen is grasped between two fingers so that it is tented up. After a few seconds, it is released. Skin with normal turgor snaps rapidly back to its normal position.<sup>4</sup> Skin with decreased turgor remains elevated and returns slowly to its normal position.

Decreased skin turgor is a late sign in dehydration. It is associated with moderate to severe dehydration.

- ❖ Delayed capillary refill

Pressure is applied to the nail bed until it turns white, indicating that the blood has been forced from the tissue (blanching). Once the tissue has blanched, pressure is removed. An examiner will measure the time it takes for blood to return to the tissue, indicated by a pink color returning to the nail.

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<sup>4</sup> But not always with elderly people.

## What should I do?

Whenever you suspect dehydration, seek a competent medical opinion by a *yorei shomayim* and follow his or her recommendations. When possible, confirm with a *rav*. Generally, the best way for someone without medical training to replenish fluids is by giving the person in need water to drink. If the health-care provider (doctor, nurse or self-proclaimed expert) believes drinking in *shiurim* is sufficient, then the dehydrated person should drink 35 cc every 5 minutes. Sometimes a medical professional will suggest a more aggressive treatment.

Whenever there is any doubt, err on the side of drinking and breaking the fast. People who drink due to a real concern of dehydration do not need *kapporoh*. They acted in the way Hashem expected of them. Should they refuse treatment when mandated, they will need *kapporoh* for unnecessarily putting their lives at risk.

A person should immediately be given large quantities of water on Yom Kippur if they exhibit any one of the following symptoms:

1. Sunken eyes
2. Stomach contractions accompanied with pain
3. Watery diarrhea mixed with mucous and blood
4. Deep breathing with or without fever

If the patient is also vomiting giving them water to drink will not be efficient and they need to have fluids administered intravenously. It is therefore necessary to alert emergency health care practitioners or drive to a hospital.<sup>5</sup>

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<sup>5</sup> Julia Rosenberg M.D., a student of mine during the summer of 2014 (NEIJS-Jewish Medical Ethics), raised an interesting suggestion for Yom Kippur-fasting dehydration concerns. Oral Rehydration Therapy (ORT) should be explored as an option to be administered by any trained layman when presented with a patient requiring rehydration due to the fast. When the patient receives the full amount of solution, ORT may be a simple and effective solution that is practical and halachically preferred.

ORT has saved millions of lives in response to severe dehydration, especially in countries where diarrheal illnesses are responsible for the deaths of millions. However, it still needs to be established that ORT is appropriate when dehydration is secondary to fasting (and not to diarrheal illness).

ORT is simply water, sugar, and salt in a very specific ratio that causes cellular receptors to absorb more water and salt into the bloodstream, rather than having the water pass straight through (and out) the GI tract. In the intestine, there are specific transporters that require this ratio to function. Free water without salt will often pass through the GI tract (especially in

## Prevention

When someone is concerned about dehydrating while in *shul* during the *tefillos* of Yom Kippur to the point where they may need to drink on the fast day, they are advised to stay home in an air-conditioned room wearing light clothing and laying down. It is more important to make it through the fast than davening in shul and breaking the fast. It is important to get an air-conditioned room even if there is an added expense involved.

If taking care of small children does not allow for a proper rest and may aggravate a concern of dehydration, it is important to arrange for child care in advance. A husband should feel responsible to arrange that his wife can make it through the fast if she is physically up to it and not have to drink due to her responsibility to care for the children. This may require the husband to come home from shul and care for his children himself, hire child care and/arrange for air conditioning for his wife.

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situations with diarrheal illnesses are causing high GI motility), but with salt and sugar in this specific combination, specific cellular receptors are activated and significant, life-saving electrolytes and water will be absorbed into the blood stream.

The formula for ORT is one liter of water, 6 teaspoons of sugar and a half teaspoon of salt. One can obtain prepared packages of these salts that are mixed directly into 1 liter of water. Here is some more information: [rehydrate.org/ors/](http://rehydrate.org/ors/)

It may be easy to train people to determine when ORT is indicated and we already know that it is easy to train people how to prepare and administer ORT.

Further research on this should consider ORT's effectiveness for dehydration resulting from fasting (without any other factors inducing the dehydration) and whether the mixture is naturally, or can easily be concocted, to be considered halachically inedible. Reportedly, the taste is not good. Therefore, it is possible that drinking this mixture is not a Torah violation (more about this later, see section 17 and footnote 14). The challenge would then be to make sure that the patient receives the full amount required for rehydration.

It is possible that ORT has had such success because it was dealing with cases of severe dehydration. In cases of severe dehydration, drinking large amounts of just water without any electrolytes can be harmful. Taking in large amounts of free water is most likely to cause harm if someone has losses of electrolytes (kidney disease, diarrhea, vomiting, etc.). An important question seems to be: How often is free water going to be harmful after simply fasting? For certain situations, ORT might be the perfect solution to a controlled rehydration on Yom Kippur and seems to warrant further consideration.

See note 14 for another use of ORT in a modified formula.

## Pregnancy and Fasting on Yom Kippur

1. The *mitzvot* of the day is the five *inuyim*, including fasting. Davening with a *minyan* and the inspiration it engenders is less important. A healthy, pregnant or nursing woman is required to fast on Yom Kippur and should do whatever she can in advance of the fast day to enable herself to make it through the fast.<sup>6</sup> If she needs to stay in bed in an air-conditioned room, she should do so. Drinking 2-3 liters of water for the three days preceding Yom Kippur can help hydrate the body. Sometimes certain vitamins and pills can have a positive effect on easing the fast and should be encouraged.
2. It is appropriate for a husband to make the necessary arrangements so that his wife can endure the entire fast and will not need to end up drinking. Often pregnant women due to nausea and other factors are more susceptible to dehydrate and have difficulty managing through the fast. An air-conditioned environment can help a person avoid dehydration. Babysitters and assistance with other children should be arranged in advance. If necessary, a husband should sacrifice his own *tefillah betzibbur* and stay home if that would make the difference whether his wife can manage to fast.
3. If a pregnant woman has a medical issue related to the pregnancy or otherwise, she should consult with her physician before Yom Kippur as to whether she can fast.<sup>7</sup> It is best to consult with a doctor who is a *yorei shomayim*. If this is not possible, the opinion of one's personal physician needs to be taken seriously whether he/she is G-d fearing or not.
4. In general, should a person have an illness (sore throat, virus) that causes fever and the fever is over 38.5° (101.2°), in a hot climate like Israel, one should drink fluids in *shiurim*. Similarly, should someone suffer from diarrhea (3 times a day), it is recommended for them to drink in *shiurim*. This is certainly true if the woman is pregnant.

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<sup>6</sup> Even if she is pregnant *and* nursing she needs to fast (when there is no other medical concern). If the nursing infant relies entirely on nursing for its nourishment and the infant is not supplemented with other foods, the mother is advised to consult her physician for a recommendation whether she can manage to fast. If the pregnancy has been uneventful and the mother and infant are strong and healthy, the fast may not necessarily pose a problem and the mother, fetus and infant will not suffer due to the fast.

<sup>7</sup> A heart condition, hypertension, kidney or pulmonary issues, epilepsy, mental illnesses including depression are all risk factors that coupled with pregnancy can be dangerous to a person fasting. It is necessary to consult with a specialist who is familiar with the specific case. People taking lithium are at a higher risk of dehydration and should consult their physician. Usually they are required to drink in *shiurim*.



5. Even before a woman is noticeably pregnant, she is believed to say that she is pregnant based upon medical tests or the delay of her menstrual period.
6. Similarly, any person who claims that he has a serious medical condition, for example, a claim that one has a heart condition or has had a heart attack recently which requires that he eat on Yom Hakipurim, should be taken as seriously as any other *safeke pikuach nefesh* and one may give him or her food.<sup>8</sup>
7. The Chasam Sofer qualified this by ruling that if an otherwise healthy person claims that he is so hungry that he must eat and his face shows no such indication, others may **not** feed him, but they may tell him that he is permitted to take food himself.<sup>9</sup> Since he is not declaring that he has an existing medical condition, other people have no right to believe that his condition is any worse unless there are obvious signs that he is in danger.
8. If an obstetrician informs a woman that she is at higher risk than other healthy women and fasting might jeopardize her pregnancy, she should eat in *shiurim* unless the physician says that she needs to eat or drink more than that. A woman that has had a miscarriage (even one unrelated to fasting) should ask her obstetrician if in the doctor's opinion there is a significant risk to the pregnancy were the patient to fast.
9. Women who have undergone fertility treatment such as embryo transfer and implantation should ask their physician about fasting. Sometimes there is concern about the implantation and the woman needs to drink in *shiurim*.
10. A woman at the end of her first trimester who is vomiting repeatedly on Yom Kippur,<sup>10</sup> should either:
  - 10.1. Receive an intravenous fluid transfusion,
  - 10.2. Drink fluids in *shiurim* or
  - 10.3. If there is concern that she is critically in need of a lot of fluids, she should drink large amounts of water.<sup>11</sup>

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<sup>8</sup> עיין מנחת שלמה סימן ז' ד"ה גס.

<sup>9</sup> עיין שו"ת ח"ס אי"ה סימן פ"ב ובמ"ב סימן תרי"ז סק"ו.

<sup>10</sup> If she has been vomiting before Yom Kippur, she should consult with an observant physician (who is familiar with her case) before the fast and follow her recommendations. In the absence of such counsel, she should try to enter the fast as hydrated as possible and begin fasting. Someone should check on her regularly to monitor her condition throughout the fast.

<sup>11</sup> While there is halachic advantage to use water that has been treated and is bitter (e.g., a strong concentration of tea or coffee without sweetener is added to the water), however, when a patient is permitted to drink, it indicates that the patient needs fluids and I do not

11. A pregnant woman who awakes ravenous and can't seem to control her desire for food should be reminded that it is Yom Hakipurim and it is best for her and her fetus if she can fast. If this is not effective to change her obsession with eating and she feels weak, she may eat in *shiurim*. There is no practical difference between any stage of pregnancy regarding these *halochos*. All medical concerns for the health of the fetus begin at the earliest stages of gestation.
12. A pregnant woman may eat and drink in *shiurim* if she previously had **two** spontaneous abortions due to fasting. Even if the fasting induced early labor (before 36 weeks) or contractions in previous pregnancies and those contractions were arrested and the earlier pregnancies ended well, nevertheless, she should not risk another such episode and should eat and drink in *shiurim*. If she experienced this **only once** before and the present pregnancy has gone smoothly, she should attempt to fast.<sup>12</sup>
13. However, if in the present pregnancy, the woman has experienced (even once) early contractions any time before 36 weeks and through intervention those contractions were halted (by going to the hospital and getting fluids intravenously or drinking fluids at home), when Yom Kippur arrives she should either:
  - 13.1. Receive intravenous fluids before and during Yom Kippur
  - 13.2. Drink liquids in *shiurim*

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recommend using bitter drink in this situation. The bitter flavor may inhibit the person from drinking the amount they need and since they are permitted to drink, they should drink a fluid that is tasty. Classic halachic sources do not discuss the notion of embittering fluids to drink on a fast day. Bitter waters are recommended in situations when a person is halachically **not** allowed to drink. This shall be addressed more fully below.

<sup>12</sup> This is a challenging halochoh and may be contrary to the common sense of many or the general recommendation of a doctor. As long as the physician is not making a comment relevant to this specific patient based on his knowledge of her particular circumstance, but rather is offering a general recommendation, the halochoh should be followed and not the doctor. The point of this halochoh is that the pregnant woman should not begin drinking based entirely on her history even though she feels fine. She is expected to start fasting since her history has not yet been established well enough. However, should she show signs that she or the fetus is not well, she should follow the normal guidelines for suspected dehydration. Also, she is advised to consult with her personal physician, and if she (the physician) believes that due to the particular circumstances of this particular patient, the patient is at a greater risk than other women to have a spontaneous abortion, her recommendations should be followed.

13.3. Drink fluids that have had a bitter flavor added to the point where people would not find the drink potable.<sup>13</sup>

Any of these measures will help prevent further contractions from developing due to the fast. Should the woman experience dizziness, she should also **eat** in *shiurim*.

14. A pregnant woman who begins to stain (even small stains) should eat and drink normally on Yom Kippur, whether she is in her first trimester or later. It is a sign of a stress and threatened abortion which could endanger the fetus and mother. Substantial bleeding (e.g., the amount of a menstrual period) is a medical emergency and the patient should seek immediate competent medical care or be driven to the hospital on Yom Kippur for evaluation and care.
15. A physician who has taken a minority position and proclaimed that a certain condition is not dangerous and a patient with that condition must fast and then the physician herself became pregnant suffering the exact same condition that she herself said is not dangerous, still should eat and drink and follow the majority opinion. Although she herself needs to follow her own advice, her fetus is not expected to do so and the mother should advocate on behalf of her own fetus to follow the majority opinion.
16. Gestational diabetes is not a concern until 24 weeks. If she is 24 weeks into the pregnancy and has gestational diabetes which can be controlled with a properly balanced diet, and her blood test results are favorable, she should fast. If during the fast she is concerned that she is going to blackout or faint, feels famished or has a cold sweat, in all these situations she should eat, drink and rest.
  - 16.1. However, if she requires insulin injections or her blood work is not favorable she should eat and drink in *shiurim*.
17. Should a pregnant woman not have any of the conditions above that allow her to drink in *shiurim*, but she is still extremely anxious about her pregnancy and the fast, she may drink fluids that are not halachically considered food. For example, a woman who gets nauseous and is concerned that were she to fast she may vomit and dehydrate, or if the pregnant

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<sup>13</sup> (E.g., adding a strong concentration of tea or coffee without a sweetener). If there is concern that due to the bitter tasting liquid the woman will not drink as much as she should be drinking, it is best to drink in *shiurim*. The decision to use bitter liquids or *shiurim* depends upon whether the patient will in fact drink enough of the fluid if it is bitter. Once a woman has halachic permission to drink in *shiurim*, my recommendation is to drink in *shiurim* and not drink bitter fluids.

Furthermore, coffee and tea can have significant diuretic effects (causing one to urinate) which is not helpful on Yom Kippur when there is concern of dehydration.

woman has a cold and is not feeling well, but has no fever or diarrhea, while she does not have halachic license to break her fast, she may prepare a bitter drink and drink as much of that during Yom Kippur as she wishes. Such a drink can be prepared with a high degree of concentrated tea (without any sweetener) to the point where most people would not drink it like that due to the concentration since such a drink is not considered edible food and is not included in the prohibition of eating and drinking on Yom Kippur. This dispensation should not freely be used to avoid fasting. It is only appropriate when a person is halachically required to fast but is also extremely anxious about managing through the fast due to a condition that makes the fast particularly difficult.<sup>14</sup> An example

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<sup>14</sup> בשערים המצויינים בהלכה ח"ד סימן קצ"ב הערה י"ב הסתפק בדין שדבר מר נחשב שלא כדרך הנאה ומותר לחולה שאין בו סכנה, האם בעינין שטעם המר נרגש קצת או נרגש לגמרי, ונשאר בצ"ע. ובשם ר' אלישיב זצ"ל נאמר דמספיק שהאוכל או השותה ירגיש טעם המרירות ולא צריך שיהא מר עד כדי כך שיקוץ במזון או במשקה, דאז כבר נחשב שלא כדרכה ופטור. ור' יצחק זילברשטיין שליט"א הגדיר דהדבר תלוי דאם המרירות הוא באופן שבני"א ימנעו מלשתות המים הללו. ואע"פ שאם אדם צמא מאוד הרי ישתה אף דבר מר, וביוה"כ הרי הוא צמא, מ"מ לא דנין שם אוכל ע"פ מה שאדם יאכל כשהוא רעב. ולכן נראה דכל שמרגישים טעם המרירות במים, אפילו הרגש קטן, וימנעו אנשים מלשתות, הרי מותר לחושאב"ס לשתותו. וכשיעור זה יש לדון במים של ORT הני"ל.

While the standard preparation of ORT may not be tasty to some, there are some people who find the taste pleasing and can easily drink ORT as a drink. Therefore, I am reluctant to include the standard preparation of ORT as halachically permissible to drink on Yom Kippur.

However, while attempting to prepare ORT, I had accidentally added a full teaspoon of salt (instead of the half recommended) per liter of water and 6 teaspoons of sugar and found that the taste of this concoction has a flavor that would cause people to refrain from drinking it were they not particularly thirsty due to fasting. This modified formula of ORT is halachically permissible to drink when this article allows for a person to have a bitter drink.

It is important that I mention a disclaimer that I cannot offer any opinion if this change in formula is better, worse or the same as ORT and how it will affect the rehydration of the person drinking it on Yom Kippur. I would be grateful if a reader were to research the matter and find out if any studies have been made on different ratios of salt to the ORT formula. It is possible that the added sodium can have negative results. The added sodium might cause the woman to vomit, thus making the situation worse. Potential complications of using fluids with excess sodium for rehydration include diarrhea and hypernatremia (high sodium levels in the bloodstream).

To avoid any confusion on this topic, I shall repeat the point made here. When a healthy patient needs rehydration of Yom Kippur, water is a good choice for non-medical personnel to administer and one need not use ORT. Earlier, the idea was raised to use the standard ORT formula and that possibility still needs further consideration.

of this is when a woman be terribly concerned that her fetus hasn't moved in a while and is unable to contact her physician to find out if this is a medical emergency or not. In general, concern that the fetus hasn't moved is not enough basis to allow a woman to break her fast unless her personal physician determines as such. However, if this is causing her great anxiety, she may consider taking a drink that tastes bitter and most people would refrain from drinking were it not Yom Kippur. The drink may stimulate the fetus to move (especially if it also has sweetness in it) and resolve her anxiety.<sup>15</sup>

18. Any unique condition in pregnancy (e.g., low level of amniotic fluid) can cause concern or anxiety and should be discussed with the obstetrician in advance. The recommendation of the doctor or experienced midwife should be followed when she is a *yireioh shomayim* or there is no other Jewish *yorei shomayim* to consult.
19. A pregnant woman may choose to lie down the entire Yom Kippur even before she feels unwell and daven like that (without going to shul) to stave off a possible dehydration. Most any behavior that will raise her chances of making it through the fast without needing to eat or other unwelcome incident is advised.

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If a patient is not in need of hydration and has no halachic license to eat or drink, a drink that is bitter or otherwise unappealing due to its taste does not qualify as ingesting a liquid and is halachically permissible on Yom Kippur. Still, one should only ingest such fluids after consulting a rav to determine if it is the appropriate course of action for Yom Kippur.

<sup>15</sup> In general, a woman who has just found out she is pregnant (8 weeks) and is nauseous (but not vomiting) and experiencing cramps, should keep an eye out for any staining. The cramps are not so uncommon that they require immediate medical attention. The pregnancy can continue normally and she should not break her fast to drink in *shiurim* just because of the nausea and cramps. It is advisable to contact a religious obstetrician to evaluate her specific case and the physician may suggest a sonogram to learn more about the pregnancy.

Some extenuating factors added to the nausea and cramps (e.g., an older woman who has been having difficulty conceiving, who has finally conceived through fertility treatment and is extremely anxious about the pregnancy) may prompt a rav to suggest that she drink a bitter drink. While the condition itself does not warrant that the woman drink in *shiurim*, the circumstances may allow for drinking liquid that is not classified as a drink in *halochah*. This is a judgment call by the rav on a case by case basis.

Another example would be in a situation in which a person is not sick but has extreme discomfort in his throat due to a condition that causes it to dry out quickly. Normally hydration keeps it moist enough so that he can function. There is no medical need to have fluids, but the fluids serve the function of avoiding dryness. In this case, using bitter drink that most people would not wish to drink due to its bitter flavor may be a good solution to moisten the throat.

## When Does Delivery Begin?

20. A pregnant woman is permitted to eat full meals and drink without concern for *shiurim* once one of these symptoms of parturition have occurred:

- 20.1. Contractions<sup>16</sup>
- 20.2. Vaginal bleeding<sup>17</sup>
- 20.3. She needs to be transported in a wheelchair and cannot walk on her own.<sup>18</sup>

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<sup>16</sup> The Aruch Hashulchan (330:4) describes *yosheves al hamashber* as contractions. The Issur Veheter explains that it is referring to contractions that cause the woman to scream in pain. This would seem to refer to contractions that help in the pushing and not the dilating contractions that happen earlier. As a rule of thumb, if the woman is dilated to 8 cm. then she surely has reached the stage of *yosheves al hamashber* and she may eat and drink if she wishes.

<sup>17</sup> If her water broke and it is clear, she should still fast. This is the normal delivery process on a term infant and it should be allowed to continue without attempting to arrest the process. Breaking of the water is an early stage and the woman has not yet necessarily reached the halachic parameters of being in a potential life-threatening situation. She is allowed to make a phone call for an ambulance and midwife so that she can get to the hospital on time and have assistance for delivery, but halochoh does not consider the fast as a cause for her to be in danger unless her physician believes that she needs to eat or drink.

Stains of blood also would not qualify. Bleeding as an indication of the onset of delivery is referring to significant bleeding caused by the rupture of the membranes that takes place during the parturition.

<sup>18</sup> The Ramban (Shabbos 129) stated that this is the most unreliable of the three symptoms since women tend to be incapable of walking at different points depending upon their tolerance for pain, health and vigor. Therefore, in practice, one should only comfortably rely on this stage when the woman in labor cannot walk because the delivery has already begun and the head has come down very low making the act of walking mechanically difficult. The Mishna may have been referring to an earlier stage, but since it is so subjective, it is not a good tool to use for practical halochoh.

ג' סימנים אלו נזכרים במחבר או"ח סימן ש"ל לענין חילול שבת לילודת. וה"ה לענין אכילה ביוה"כ (ענין תרי"ז סק"ט), וכמובן שגם שרי לחלל יוה"כ עבורה כשהגיע לאחד מג' אלו. כמו"כ אשה שהגיע לאחד מג' הסימנים הללו, ג"כ טמאה לבעלה כנדה וילודת.

Once one of these three stages of labor have begun, it is also permitted to violate a *melochoh* on Yom Hakipurim to benefit the woman in labor. One can cook food for her, turn on lights, air-conditioning, use elevators, a husband who is a Cohen may enter the hospital to assist his

## Post-Partum Care

21. A woman who delivered a fetus (whether live or not) should eat regularly for at least the first 72 hours. Even if she ate right before the fast began and the 72 hours are going to end a few hours later, she may still eat and drink regularly even if she is not hungry or thirsty.<sup>19</sup>
22. After 72 hours from delivery until she has completed her first week since delivery, a *yoledes* may eat and drink but is required to do so in *shiurim* unless her physician recommends otherwise or she feels that she needs to eat normally.
23. After a week from delivery the *yoledes* should fast unless she feels ill and believes that she needs to eat or her physician recommends that she refrain from fasting. Sometimes, her iron level is too low and her doctor recommends that she eat even after a week has passed. A personal doctor who makes an assessment regarding his patient should be heeded even if he or she is not Jewish and has no understanding of the importance of Yom Kippur, provided an equally qualified and trusted observant doctor is not available to assess this patient. The recommendation of the non-Jewish doctor raises at least a serious doubt whether the patient needs to eat, and that is enough to require her to eat or drink.
24. A woman may eat if her physician is concerned that the fast might trigger a post-partum depression to the point where she is a danger to herself or to any of her children.<sup>20</sup>

## Spontaneous Abortion

25. A miscarriage that took place forty days after conception has the same halachic status as a live birth regarding fasting on Yom Kippur. Within 72 hours of delivery the woman should eat normally on Yom Kippur whether it was a live birth or not. During the first week counted to the exact hour of delivery, the woman may eat in *shiurim* unless her doctor tells her that she needs to eat normally. Often it is not known exactly at what stage the heart stopped beating and a question may arise whether the fetus was older or younger than 40 days when it expired. Such a situation is a *safek yoledes* and she may eat normally for the 72 hours after she began bleeding and expelled the fetus. After that she may eat and drink in *shiurim* unless she feels it is unnecessary and her physician and friends agree.

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wife and medication may be carried without an eiruv. The *yoledes* may have her blood taken and placed on a monitor at an earlier stage.

<sup>19</sup> דעת הגר"ז שהיא תאכל פחות פחות מכשיעור גם תוך ג"י, אמנם המ"ב כבר הכריע כברוך טעם שאוכלת כרגיל (עיין שעה"צ תרי"ז ס"ק י"ב ובביה"ל תרי"ח ד"ה כשמאכילין). וע"ע במנחת שלמה סימן ח' דביאר דדין של ג"י מסרם הכתוב לחכמים כדי למנוע סכנה בזימני אחריתי שיערו להתיר תוך ג"י היתר גמור עכ"ל.

<sup>20</sup> עיין אג"מ א"ה ח"א סימן ס"ה וח"ג סימן כ"ב.

26. Delivery by Caesarian section has a different effect on the body than a natural vaginal delivery. For at least the first week after delivery, the mother should not fast. After a week, she should consult her obstetrician. She may be allowed by her doctor to fast if there weren't any complications.
27. After a week since delivery the woman is considered a *choleh she'ein bo sakanoh* and should fast unless she proclaims that she feels so sick that she needs to eat. Under such circumstances, she may take food herself.



## Shiurim

28. Whenever there is a concern that any person (including a pregnant woman, of course) might faint, that is categorized as a *safeik sakanoh* and the patient is permitted to eat in *shiurim*.<sup>21</sup>
29. Less than a *shiur* of food is a fixed amount for all people. It is the volume of 30 cc of food eaten within 5 minutes.
30. Less than the *shiur* of liquid is relative to each a person. A rule of thumb is 35 cc of liquid within 5 minutes. Food and liquid are separate entities regarding fasting and solids and liquids have their own cycles regarding *kedei achilas peras*. For example, a person who is permitted to eat and drink in *shiurim* may eat 30 cc and a minute later drink 35 cc. He can have another 30 cc of food 4 minutes after he drank and he can drink another 35 cc 1 minute after he ate the second time.
31. Even when using *shiurim*, one should only eat or drink as much as is required. Eating and drinking in *shiurim* is not a license to eat and drink as much as one wishes to. It is a method to ingest the necessary amount with the least conflict with *halachah*. For example, should a person need to drink but is not required to eat, he or she may drink in *shiurim* the required amount but may not eat at all. If a physician explains to the patient that drinking a liter and a half throughout the day is sufficient, then one may not drink more than that even though one is drinking *shiurim*.

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<sup>21</sup> עיין הגהות מיימוניות שביתת עשור פ"ב סק"ה דעוברת שהריחה מאכילין אותה משום שחסרון האוכל מכאיב לה ומתוך כך היא מתעלפת ופעמים אינה מתרפאת עכ"ד.

## Operations

32. When a person undergoes an operation, very often they should not fast for a period of time afterwards. Operations were not as common centuries ago as they are now, and there is not a lot of halachic literature about it. The best way to decide is by obtaining the medical opinion of a personal physician who knows the history and conditions of the patient, is G-d fearing and is aware of the importance of fasting on Yom Kippur, and sharing that with a *posek*. On such matters, it is the physician that is effectively the *posek*, especially when the decision comes from a *yorei shomayim* and is tailor made for the patient. There are many factors that need to be considered. The severity of the operation, which organs are involved, the age of the patient, were there any complications or secondary illnesses etc.
33. Generally, you can expect that serious operations such as a resection of a cancerous growth, abdominal infections, kidney, brain or heart operations that the patient should not be fasting for at least a month.
34. Moderate operations such as Caesarian sections, operations that in hindsight were unnecessary due to a misdiagnosis or exploratory, Cataract surgery, appendicitis that was not infected, generally require a patient to avoid fasting for at least a week. These should be viewed at least as the halachic equivalent of parturition which halochoh has determined that one should eat for a week.
35. Minor operations such as removal of tonsils, hernia operations, mastectomy, biopsy, hemorrhoids may only require one to avoid fasting for three days.
36. The physician will consider many factors such as the general health and age of the patient and whether further operations are expected in the coming months. On occasion operations are done in stages and it can be dangerous for a patient to fast in between these operations.
37. Sometimes operations are performed with an epidural or local anesthesia and it's possible that the physician may allow a patient to fast within three days of the procedure.
38. When a physician decides that due to a medical condition fasting is contraindicated, the physician should also be consulted whether solids are important or can the patient just have liquids. Another question to ask the physician familiar with the patient is if the nutrition or hydration can be spread out over the day or must it be consumed in one sitting (*shiurim* vs. full meals).
39. A person who takes oral morphine for pain management usually can take them on empty stomach and should not eat or drink on Yom Kippur in an attempt to avoid negative side effects. However, it is particularly important to hydrate oneself very well for a few days before the fast. If your personal physician offers a conflicting recommendation, inform your rav.

40. A person undergoing radiation therapy is usually classified as a *choleh sheyesh bo sakonoh*, either due to his underlying condition or the effects of the radiation and is permitted to have *shiurim*. If, however, the conventional physician has determined that the patient would not have any deleterious effect were he to fast, and the patient also feels that he can fast without any negative reaction, he should fast unless there is a dissenting medical opinion. If in the locale where the patient is, the law allows for alternative medical practitioners to practice medicine, even a non-conventional medical practitioner's opinion should be weighed and taken seriously. The fact that the government issues medical licenses to alternative medical practices, is halachically significant. Obviously, the scope of their credibility is limited to the area that the local law recognizes their authority as medical practitioners.

## Intravenous Hydration and Feeding Tubes

41. A patient who is permitted to drink on Yom Kippur does not need to insert a catheter or hydrate himself intravenously before Yom Kippur in order to be able to fast. A person who is ill and is not supposed to fast, has no obligation to change that status. It is also inappropriate to do so (See Igros Moshe O.C. Vol. 3:90).<sup>22</sup>
42. A person who already has a catheter (the inserted tube into the vein) or gastrostomy tube in place before Yom Kippur ready to receive fluids or solids, may use them on Yom Kippur as these forms of ingestion are not a violation of **ועניתם את נפשותיכם**.<sup>23</sup>
43. Nevertheless, a person who is permitted to drink and/or eat on Yom Kippur (whether in *shuirim* or any amount) may eat or drink normally without resorting to artificial methods of nutrition and hydration even if they have a catheter or feeding tube already in place.<sup>24</sup>

<sup>22</sup> ר' משה כתב בזה כמה טעמים :

- א. המצוה לאכול בעיו"כ אינו חיוב לדאוג שיוכל לצום לעשירי (ערש"י יומא פ"א), אלא מצוה לאכול בתשיעי בפני"ע ורק טעם בעלמא שאינו מעיקר המצוה, ולכן לפני שהגיע יוה"כ אין עליו חיוב כלל לדאוג לצום העשירי (וכן משמע מרע"א בשו"ת סימן ט"ז דמסתפק אם נשים בכלל המצוה של אכילה בתשיעי, ואילו היה דין בהכנה לצום העשירי לא היה מקום להסתפק).
  - ב. יש חשש איסור לעשות מעשה רפואה כשאינו מרפא המחלה אלא גורם שיוכל לצום דהוי כסותר גזירת המלך. ורק ילפינן מקראי דשרי לרפאות ואי"ז כסותר גזירת המלך כשבאמת יש צד שיתרפא לגמרי, עיין תוסי' ב"ק פה.
  - ג. מאחר דליכא חיוב להכין לצום בתשיעי לתשרי יש לחשוש לאיסור חבלה בתחיבת המחט כיון שאינו לרפואה אלא לאפשר צום.
  - ד. בזריקה לגופו עיי' מחט שאינו לרפואה יש לחשוש שיקלקל לאיזה דבר ואסור לעשות זאת כדי שיוכל לצום.
- <sup>23</sup> אחיעזר ח"ג סימן ס"א ומהרש"ם ח"א סימן קכ"ג. דאף לדעת הח"ס (או"ח קכ"ז) דביום הכפורים לא סגי בהנאת גרון ובעינן הנאת מעיו, מ"מ אי"ז אלא כשנאכל דרך הגרון אבל כל שהוא לא דרך הגרון לא הוי עלה שם אכילה, ואין בזה איסור להכניס למעיו אוכלים אף אם יהיה שבע מזה, ויש בזה יתובי דעתא. וכל שמתיישב דעתו בתזונה זו, עדיין בכלל עינוי יוה"כ.
- ועוד נראה דאף הח"ס ס"ל דלא סגי בהנאת מעיים אלא בעינן הנאת גרון וגם הנאת מעיים, ובדרכים הללו ליכא הנאת גרון.
- <sup>24</sup> דהרי לחולה שיש בו סכנה עושים לו כל מה שרגילים לעשות בחול (שכ"ח ס"ד) והוא בשם המ"מ. ועיי' בשעה"צ ס"ק י"א דלדעת המחמירים כשיש צורך הרבה ג"כ שרי לעשות כדרכו בחול. ונראה דאכילה ושתייה דרך הפה לעומת דרך צנור לוריד או ישירות לקבה הוי צורך הרבה ומותר לכו"ע. וכ"כ במהרש"ם (ח"א קכ"ג) שאין לסגף את החולה בזה שכל שאין האוכל מתעכל אצלו הוא בכלל ענוי נפש.

44. Inserting a catheter for intravenous hydration is generally forbidden on Shabbos and Yom Kippur and is a Torah violation as one needs to draw blood. However, if a person is permitted to drink without limitation it is permissible (and preferable)<sup>25</sup> to have a catheter inserted and to rely on intravenous hydration instead of drinking. Intravenous injection is one sin on the *kares* level and each drink of a complete *shiur* is a *kares* level sin. Both violations are permitted when done to prevent danger to life. When possible, it is best to violate only one sin instead of repeated violations. Therefore, the appropriate choice is to choose the insertion of the catheter and intravenous infusion since only one sin is being violated whereas repeated units of liquid being swallowed (each a *shiur*) is a violation of multiple sins.<sup>26</sup> However, as mentioned earlier, one may opt to drink instead of relying on intravenous hydration.

44.1. When opting for insertion of a catheter on Yom Kippur, one should seek a licensed and competent non-Jew to perform the insertion of the catheter instead of a Jew, if possible to arrange without any further delay. It is permitted to ask a non-Jew to perform medical treatment for an ill person on Shabbos and Yom Tov and that certainly is preferable to drinking (even *shiurim*) on Yom Kippur or having a Jew perform the insertion.<sup>27</sup> A person may choose to drink (when this is allowed) even if a non-Jew is available to insert the catheter for intravenous hydration.

45. If a person is permitted to drink in *shiurim* they may choose to drink or to have a catheter inserted for intravenous hydration. When evaluating the severity of a single *melochah* of *kbovel* performed when inserting the catheter for intravenous hydration as opposed to repeated drinks less than a *shiur*, there seems to be differing opinions on the matter. Both are Torah violations. However, preparing for and intravenous drip (*kbovel*) is more severe, in that it is *kares* (drawing any amount of blood) whereas drinking less than a *shiur* on Yom Kippur are multiple Torah violations but none of which are *kares* level violations. I recommend choosing to drink in *shiurim* over the insertion of an intravenous based on

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וכ"כ באג"מ (אורח חיים חלק ד סימן קא ג) וז"ל אבל מ"מ נראה שרשאי לאכול אף כשצריך לאכול הרבה ואף כשאפשר ליתן לו האינטרע ווינעס בעיו"כ, כי לבד שודאי אינו דומה לאכילה ממש שדרך אינטרע ווינעס לא מיתבא דעתא כאכילה, ואצל חולה גם צער וכאב בעלמא אפשר לגרום לו סכנה מצד חולשתו, הנה יש לחוש על כל דבר שאינו כפי הטבע שיקלקל לאיזה דבר, ולא שייך לסמוך על הרופאים בזה שאין לידע זה בברור אלא בהשערה בעלמא ובמשך הזמן אפשר שיראו מה שנתקלקל מזה וכן אירע בכמה דברים שבמשך זמן גדול נודעו הרופאים שאיכא גם היזק והפסד להגוף ממה שנתנו לו לרפאותו יש להחולה לחוש לזה ואם יכול לאכול אין לעשות לא אינטער ווינעס עכ"ל.

<sup>25</sup> ספר שבת שבתון מרי יצחק זילברשטיין אות צו.

<sup>26</sup> לא מיבעיא לדעת הר"ן (הובא במ"ב שכ"ח ס"ק ל"ט) דעדיף למעט באיסורים, אלא אף הרא"ש הנזכר שם שחולק על הר"ן, יודה בזה דתרווייהו איסור כרת, ולכן עדיף למעט באיסורים.

<sup>27</sup> עמ"ב שכ"ח ס"ק ל"ט.

medical and halachic reasoning. From a medical standpoint, it also is preferable to drink than to receive intravenous fluids. Drinking fluids orally is less invasive and probably better therapy than intravenous hydration. Drinking fluids **less** than a *shiur* multiple times is preferable according to the Rosh's opinion so that one can avoid a single act of *chiyuv kares*.<sup>28</sup> However, as there is no halachic consensus on this point, the patient may choose whichever option they wish (insertion of catheter on Yom Kippur by a Jew or drinking multiple times less than a *shiur*) as both approaches have a halachic basis.<sup>29</sup>

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<sup>28</sup> י"ל דבזה פליגי הרא"ש והר"ן בענין חולה שצריך לאכול בשר בשבת, דפסק המחבר באו"ח שכי"ח סי"ד דישחט ולא יאכל נבילה. וע"ש במ"ב ס"ק ל"ט דדעת הרא"ש דבאמת היה ראוי יותר לאכול נבילה אלא דחיישינן שמא יקוץ בנבילה ולא יאכל ויסתכן, ונראה דסי"ל דעדיף לעבור על הרבה עבירות קלות ולא יעשה איסור אחד שהוא חמור יותר. אבל הר"ן שם פליג עליה, וסי"ל דעדיף שיעשה איסור חמור אחד ולא יעבור על כמה איסורים שהם קלים יותר. ונראה דה"ה הכא תלוי במחלוקת הרא"ש והר"ן, ואין הכרע בזה אולם הרבה ראשונים כתבו כהרא"ש. ומה דהתיר הרא"ש לשחוט ולא לאכול נבילה היינו משום חשש שמא יקוץ, ונראה דזה לא שייך בנ"ד אם ישתה בשיעורים. אולם מאחר דאין הכרע בדבר, נראה דרשאי לסמוך על הר"ן כדי למעט במספר האיסורים.

<sup>29</sup> Some diabetic patients may encounter a dilemma: Should they continuously prick themselves and test their blood to see whether they need to eat and thereby minimize the amount of food eaten on Yom Kippur (and possibly even make it through the fast) or should they control their diabetes by eating in *shiurim* throughout the day? Eating in *shiurim* would greatly minimize the amount of blood tests necessary during Yom Kippur.

Once the diabetic's condition is serious enough that he/she needs to eat on Yom Kippur, one should not violate Yom Kippur by drawing blood to try and make it through the day fasting. Furthermore, drawing blood for testing is a serious type of violation (*kares* when not permitted for *pikuach nefesh*), while eating less than a *shiur* is not as serious a Torah violation. It is preferable to repeatedly violate Yom Kippur by eating less than a *shiur* than violating Yom Kippur by performing *melachos* that are categorized as *kares* (if not done for medical reasons).

If the condition of a diabetic is such that it is medically determined that he or she will need to ingest food during Yom Hakipurim, however, were they to test often they may be able to manage through the fast eating *shiurim*, it is advisable to eat full meals and minimize the amount of blood pricking and tests. Each prick of blood from one's finger is a *melachah de'oreisa* (drawing even the smallest amount of blood is a Torah violation) and a *chiyuv kares*. If the amount of full meals eaten are less than the number of extra pricks of blood that would be necessary to do to avoid eating a full meal, then overall one has violated Yom Kippur less by eating full meals. This may be counterintuitive as people seem to view the fasting as more important than avoiding doing a *melachah* of drawing blood. In fact, we should view them as equal in severity as both are *chiyuv kares* and one should try to avoid a deterioration of health by performing the least amount of halachic violations.

## Premature and Weak Infants

46. A nursing mother may eat on Yom Kippur in the exceptional case where the infant is not well and has no other source of nourishment other than his nursing mother. This can happen with a premature infant who is being nourished by the mother's breast milk.<sup>30</sup>

## Diabetics

47. It is advisable for a diabetic to get a CGM (Continuous Glucose Monitor) that regularly will monitor the glucose levels in the body. Presently, these machines need to be calibrated regularly and involves pricking oneself and drawing blood which is a *melechob*. The frequency of calibration depends on the model of CGM one has. So, if you are still shopping for a CGM, try to get one that needs calibration less frequently. When it is necessary to calibrate your CGM, try to arrange to have a non-Jew calibrate it during Yom Kippur (and on Shabbos). If that is not practical, then a Jew (e.g., the patient) may calibrate it and it should be done with a *shinui*. Instead of pulling the trigger oneself, arrange to press against a hard surface to activate the calibration. Instead of using a finger to press blood out of the body, press the finger against a surface to remove blood.
48. Once the CGM is working fine, the insulin pump should be used to inject the correct amount of insulin into one's body. If adjustments need to be made to reflect what you ate, you can press buttons on the pump to administer insulin or inject insulin directly into your body (subcutaneously). A diabetic that needs a CGM and insulin pump should be checking the blood glucose level regularly and drinking in *shiurim* throughout the day as needed when the glucose levels drop. Each person should know what they need to take to keep their glucose levels properly balanced. Juices can be made to have sugars, carbohydrates

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<sup>30</sup> Necrotizing enterocolitis (NEC) can affect premature babies, particularly those born before 30 weeks, but also those who are undersized. Half of the babies who get significant NEC die and the others are at high risk for neurological complications. According to older studies, 10% of babies born under 1500 grams got NEC, although the rate is somewhat lower now. The risk goes down at around 34-35 weeks corrected age. The risk of contracting NEC is significantly decreased if the baby gets mother's milk rather than formula. Hospitals are particular about how the mother's milk should be obtained and supplied. Often they do not allow frozen milk to be administered. They are particular about sterility of the bottles and accessories. These valid concerns often create a situation where the best chance of survival of a preterm infant is when the mother produces her own milk and delivers it as sterile as possible to the hospital within a time frame that the milk won't spoil. Often the mother's milk supply is just enough to cover the infant's needs and no risk should be taken that the milk supply should decrease to the point where the infant may need formula. The infants are weighed daily and every few grams can make a difference. In these cases, a nursing mother should drink in *shiurim*.

or whatever is needed to get the glucose level where it should be. Discuss with your physician whether it is recommended for you to lower the baseline insulin by  $\frac{1}{2}$  or  $\frac{1}{3}$  over Yom Kippur to prevent the glucose level from dropping too much. If the glucose levels drop too much and intake of juices doesn't correct the situation, it may be necessary to eat carbohydrates with protein to get the desired glucose readings.

49. To avoid eating or drinking more than a *shiur*, it is advisable for the diabetic to eat multiple times less than the *shiur* while monitoring the glucose levels and drinking water or juices throughout the day. Some people find it easiest to freeze ice cubes of water and juice and suck on those as needed. This alleviates the need to constantly measure amounts and times of drinking. It is unlikely to have more than a *shiur* of liquid when sucking an ice cube or chips of ice. See more about diabetics in note 29.

## Medications

50. Whether a person is required to fast or not, it is permissible to swallow capsules or tablets that are not coated with a flavoring. If they are coated with a flavoring, then they should be wrapped in a tissue and swallowed. If it is necessary to take the pill with a liquid, one should use a liquid that has a noticeably bitter taste that most people would avoid drinking because of its bitterness. Highly concentrated tea without sugar or the modified formula of ORT suggested earlier are acceptable. If that is not possible, then the pill and water should only be taken if a physician determines that avoiding consumption of the pill might be life-threatening.



## **Suggestions for those who are permitted to Eat and Drink on Yom Kippur**

51. When it is permitted to eat on Yom Kippur, it is advisable to eat protein instead of carbohydrates as it is more satiating and overall requires less volume of food.
52. A person who needs to drink in *shiurim* can walk around sipping from a bottle all day. To know at what rate one sips, it is advisable that before Yom Kippur, the person drink from the bottle and measure how much is consumed when naturally nursing your bottle. If it is consistently less than 35 cc every 5 minutes, you may go about your day not thinking about how much you drank. A larger person can consult with a rav as they may have a larger shiur than 35 cc. The *shiur* is dependent upon the size of each person.
53. Once it is permitted to drink, one can drink any fluid they like. It can be PowerAde, milk shake, fruit shake, juices or water.
54. If necessary, one can be lenient to drink 35 cc every 4 minutes. I have mentioned every 5 minutes since it is best to keep that opinion and practically is easiest for people to keep track of when they drank last if they are on a 5-minute cycle.
55. Another method of hydration for a person on *shiurim* is to suck ice cubes. The cubes can be made of any liquid; water, shake, juice etc. When sucking ice cubes one still needs to avoid consuming more than 35 cc of liquid every 5 minutes, but it is rare to reach that frequency.

## Preparing to Ask your Specific Question of the Rav

56. If you have a medical condition and seek halachic guidelines it is best to come prepared with a recommendation from your physician familiar with your situation. Try to approach a licensed medical practitioner who is Jewish, God-fearing and observant. If that is not possible, then the opinion of any licensed doctor (with a preference for someone who is familiar with your medical history) should be obtained. General questions to ask your doctor before approaching your rav include:
- 56.1. Do you think that there is a reasonable chance that I can make it through the fast without incident were I to take appropriate precautions (e.g., staying at home in a cool environment, sleeping or laying down most of the day)?
  - 56.2. Considering my medical condition, what are the specific risks involved were I to fast?
  - 56.3. Were I to make it through the fast without incident, might there be any long-term effects that I might suffer?
  - 56.4. Instead of breaking my fast right from the beginning, can my condition be monitored during the fast to determine whether I will need to break my fast?
  - 56.5. Are there any pills or treatment available before or during Yom Kippur that would allow me to fast?
  - 56.6. Which medications do I need to take?
  - 56.7. Would fluids be sufficient or do I also need to consume solids? How much fluid during the day would be sufficient? Are some fluids better than others for me?
  - 56.8. Is it important that I have a large amount of fluids at once or can I space my fluids out over the day?