



Nausea and Vomiting in Pregnancy

Introduction

Nausea and vomiting are common symptoms in early pregnancy. Sometimes nausea and vomiting cannot be stopped completely, but thankfully most often symptoms improve with time and settle down by 12 to 16 weeks of pregnancy. About $\frac{1}{3}$ of women have symptoms that do not improve and are severe enough to alter their daily activities, including eating and drinking, completing household activities, and losing time from work. This severe illness is called *Hyperemesis Gravidarum*.

General Advice

Every woman has a different pattern of nausea and vomiting in their pregnancy, so there is no “one size fits all” advice for modifying diet and lifestyle. The following is traditional lifestyle and dietary advice.

Lifestyle Advice

- “Morning sickness” doesn’t always confine itself to the mornings. Try to find a pattern to the nausea and make the most of your best time of day - eat and drink when you feel best or whenever you feel hungry.
- If a certain time of day is bad, take your anti-vomiting tablets half to one hour before this. Example: Take your first morning dose of anti-vomiting tablets half to one hour before getting out of bed. This may help prevent the morning shower or after breakfast nausea.
- Avoid things that trigger nausea and vomiting, such as hot, fatty or spicy meals, strong smells, smoking (and smokers), large pills, iron supplements, car travel, empty stomach, and being overly tired.
- If the smell of hot food makes you feel ill - try having cold foods instead. If possible avoid cooking and ask for help from family and friends.
- Lie down when you feel nauseous.
- Switch out prenatal vitamin for plain folic acid supplement, 400 mcg (0.4 mg)
- Ginger - Ginger capsules 250 mg 4 times / day, Preggie Pops, Ginger Ale, Ginger Tea.
- Acupressure / motion sickness wrist bands. These apply pressure to P6 Neiguan point on the insides of the wrist, two finger breadths down from wrist crease. Apply for 5 minutes every 4 hours.

Dietary Advice

- Dehydration and an empty stomach both worsen symptoms. Try constantly sipping small amounts of fluid and eating small snacks throughout the day.
- Have larger meals when nausea is less rather than at traditional meal times.
- Drink carbonated beverages in between meals.

- Small snacks of bland or salty carbohydrates are easier to tolerate, such as chips, crackers, dry toast, pop tart, etc.
- Some beverages are easier to tolerate than plain water such as flat lemonade, sports drink, diluted fruit juice, weak tea, clear soup
- Early morning nausea may be curbed by eating a cracker or dry toast before getting out of bed.

Other Considerations...

Acid Reflux

Acid reflux, or heartburn, is common in pregnancy and often worsens as pregnancy progresses. This occurs because of the pregnancy hormones, likely progesterone, that causes the valve between the stomach and esophagus to relax, allowing stomach acids to flow back up into the esophagus. Women with nausea and vomiting often have acid reflux as well. Lifestyle modifications with sitting upright for 1 hour after eating, avoid eating 2 hours before bedtime, elevating the head of bed while sleeping, and avoiding dietary triggers such as caffeine, chocolate, spicy foods, fatty or greasy foods, and carbonated beverages, can be helpful. Over the counter medications such as **TUMS** (up to 4 / day) and H2 blockers (**Pepcid or Tagamet HB**) are safe and effective. If no relief from these, and having moderate to severe heartburn, the last option would be a PPI (**Protonix, Prilosec, Nexium**).

Constipation

Constipation is common in pregnancy, also due to pregnancy hormones, which slow gastric motility, decreasing frequency of bowel movements. Constipation is also associated with nausea and bloating. An essential part of treating, or preventing, constipation is ensuring adequate water intake, (half your body weight in ounces of water daily), and a diet high in fiber, (fruits, vegetables, and whole grains). Additionally, over the counter fiber supplements, (**Metamucil, FiberCon, Citrucel**, etc.), and stool softeners and laxatives (**Colace, Senokot, Dulcolax, Milk of Magnesia**) are safe and effective treatments. **MiraLAX** is also safe in pregnancy, but recommended to use only as needed and for the shortest length of time necessary.

Anti-nausea Medications

Many women are concerned about using any medications in pregnancy, and particularly whether it might harm their child. The medications listed below are frequently and safely used in pregnancy to treat nausea and vomiting.

We suggest using the following stepwise approach. Start with the first bullet, if no improvement, move on to the next.

The following medications are available over the counter

- *Pyridoxine (Vitamin B6)* 25 mg by mouth 3-4 times / day. Side effects are rare. Note there are 25 mg, 100 mg and 250 mg tablets and sizes vary. Try to find the smallest 25 mg tablets. You may have to shop around at different pharmacies.
- *Doxylamine (Unisom)* 12.5 - 25 mg by mouth 3-4 times / day. Take this in combination with Vitamin B6. Main side effects are dry mouth and sedation (common). It is marketed as a sleep aid but also helps with morning sickness. Most women take this at night time due to the sedation. It can help with the next day early morning nausea.
- *Dimenhydrinate (Dramamine)* 25-50 mg every 4-6 hours by mouth OR *Diphenhydramine (Benadryl)* 25-50 mg every 4-6 hours by mouth. Main side effects of both are dry mouth, dizziness and sedation/drowsiness.

The following medications require a prescription from your OB provider

- *Promethazine (Phenergan)* 12.5-25 mg every 4-6 hours by mouth or rectally. Main side effects are dry mouth, dizziness, and sedation (common). Rectal route is beneficial for severe vomiting when women are not able to keep medications down orally.
- *Metoclopramide (Reglan)* 5-10 mg every 6-8 hours by mouth. Main side effects are sedation (common) and restlessness and twitching (rare). Metoclopramide works and has side effects similar to promethazine, so we recommend using one or the other.
- *Prochlorperazine (Compazine)* 25 mg every 12 hours rectally. This medication is reserved for severe nausea and vomiting when unable to keep to medications down orally.
- *Ondansetron (Zofran)* 4 mg dissolving tablet every 8 hours by mouth. Main side effect is constipation (over and above the usual pregnancy related constipation). Because it is licensed for use in vomiting due to chemotherapy and it can be expensive, we typically reserve this for severe nausea and vomiting that is not relieved by the above medications.

Are These Medications Safe?

There is understandable anxiety over taking medications in early pregnancy. Information about the safety, or harm, of medications during pregnancy is very limited because pregnant women cannot be included in studies and clinical trials. Less than 10% of FDA approved medications have enough information to determine their safety or harm in pregnancy. The medications we have recommended are the safest we have available to control these symptoms, and are what obstetricians use when women have nausea and vomiting.

Risk and Benefit

- **Category A** drugs (Metoclopramide, Doxylamine, Diphenhydramine, Dimenhydrinate, Pyridoxine) are not associated with any abnormalities in pregnancy.
- **Category B1** drugs (Ondansetron) we have less experience with in pregnancy, but there are no known associations with abnormalities and animal studies show no fetal abnormalities.
- **Category C** drugs (Prochlorperazine, Promethazine) are not associated with abnormalities but may have other effects on the fetus if given near term in 3rd trimester, or during labor.
- **Category D and X** drugs are associated with fetal abnormalities or miscarriage. None of the drugs listed are Category C or X

When to seek Medical Advice

- You have exhausted all lifestyle recommendations and over the counter medications and think you need a prescription for an anti-nausea medication.
- You have a prescription for an anti-nausea medication and it is not working.
- You are having difficulty maintaining your food or fluid intake due to nausea / vomiting, despite lifestyle changes and medications.
- You are losing weight.
- You have signs of dehydration - dry mouth, thirst, dark concentrated urine, decreased urine output, fatigue, dizziness, muscle cramps, headache.