

NAUSEA AND VOMITING OF PREGNANCY

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is Nausea and Vomiting of Pregnancy?

Nausea and vomiting of pregnancy (NVP) affects over half of all pregnant women and can have a significant impact on the lifestyle of the pregnant woman^{1, 2, 3}. Although NVP is commonly known as 'morning sickness', it can happen at any time of the day or night. Symptoms usually occur from week 6 to week 14, though may continue through the entire pregnancy. Symptoms are variable and include intermittent nausea, aversion to odours and particular foods, dry retching, vomiting and in severe cases, persistent vomiting, dehydration and electrolyte disturbances⁴. Other conditions can also cause nausea and vomiting in pregnancy and should be excluded by your doctor. The term *hyperemesis gravidarum* is used when symptoms are severe enough to require hospital admission and rehydration. *Hyperemesis gravidarum* is very rare and occurs in about one in 1000 pregnancies.

What causes Nausea and Vomiting of Pregnancy?

The cause of NVP is unclear. The nausea may be a result of the changing hormones in a woman's body to support the pregnancy¹, low blood sugar, low levels of vitamin B6 (pyridoxine) or an imbalance in potassium and magnesium. A well balanced diet should provide adequate amounts of all these vitamins and minerals. There is no way of predicting if NVP will happen in a pregnancy however many women who have had NVP during their first pregnancy will also have it in subsequent pregnancies.

Is it Nausea and Vomiting of Pregnancy harmful to the pregnancy?

Moderate levels of nausea and vomiting will not harm a developing baby⁵. Ensure you drink plenty of fluids and avoid dehydration. Try and eat a variety of foods so that you continue to get your daily requirements of vitamins, minerals and nutrients.

Settling Nausea and Vomiting of Pregnancy (Morning Sickness)¹.

The following are some suggestions which may assist in settling morning sickness

- Try to avoid any triggers, like certain smells, that make you feel sick
- Drink plenty of fluids. It's best to drink small amounts often, but not at the same time as you are eating.
- Cold or frozen drinks and foods are often better tolerated.
- Don't overeat. Eat small meals rather than a lot of food all at once.
- Avoid an empty stomach- have frequent small snacks like dry toast, crackers or fruit.
- Avoid fatty, spicy, fried and battered foods.
- Try to eat at times when you feel least sick.
- Get out of bed slowly and take your time in the morning rather than rushing.
- Eat before you get out of bed in the morning (keep crackers and water beside the bed).
- Rest when you can - fatigue can make nausea worse.
- Do not brush your teeth right after eating as this can cause nausea.
- Some herbal teas may be helpful- try peppermint tea or ginger tea.

Complementary Therapies for Treatment of NVP^{1, 2}.

- Acupressure wristbands for travel sickness (available from pharmacies) may help.
- Acupuncture and hypnosis have been used as alternative approaches. Consult an acupuncturist who is experienced in treating pregnant women.
- Ginger (*Zinger officinale*) is used to treat nausea and may be beneficial in NVP³.

Suggested medicines to treat Nausea and Vomiting of Pregnancy³

If the strategies listed above do not help, try doxylamine tablets and pyridoxine (vitamin B₆) tablets. Doxylamine is classified as Category A for use in pregnancy in Australia⁶ and is considered safe in pregnancy. It is suggested that women commence taking doxylamine and pyridoxine tablets together as follows.

	Morning	Afternoon	Night
Doxylamine 25mg tablet	Take ½ a tablet	Take ½ a tablet	Take one tablet
Pyridoxine 25 mg tablet	Take ½ a tablet	Take ½ a tablet	Take one tablet

- Doxylamine tablets are known by the brand names Restavit® and Dozile® are available from your local pharmacy. They are marketed in Australia as a sleeping aid but can also be used for NVP. Speak to the pharmacist and ensure you get tablets which you will be able to break in half.
- Doxylamine may cause drowsiness. If this is a problem, try taking it only at night.

Ensure you only take the recommended doses and see your doctor if symptoms persist.

If these options do not give relief there are a range of prescription medications which are safe to use in pregnancy and have been shown to be useful in treating persistent nausea and vomiting of pregnancy. Consult your doctor for further advice.

References:

1. NSW Department of Health. Having a Baby. NSW Department of Health, 2012. <http://www.health.nsw.gov.au/Kids/Publications/having-a-baby.pdf>
2. OTIS. Nausea and Vomiting of Pregnancy (NVP). Organisation of Teratology Information Specialists. January 2007. <http://www.mothersbaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>
3. Einarson A et al. Treatment of Nausea and Vomiting in Pregnancy. Motherisk. December 2007. http://www.mothersbaby.org/women/updatesDetail.jsp?content_id=875
4. Lane C. Nausea and Vomiting of Pregnancy: A Tailored Approach to Treatment. Clinical Obstetrics and Gynecology. 2007; 50:100-111.
5. Sherman PW, Flaxman. SM. Nausea and Vomiting of pregnancy in an evolutionary perspective. American Journal of Obstetrics and Gynaecology. 2002; 186:S190-7.
6. Australian Drug Evaluation Committee. Prescribing Medicines in Pregnancy. An Australian Categorisation of risk of drug use in pregnancy. 4th edition. Commonwealth of Australia. 1999.

Additional Information:

<http://www.mothersbaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>

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