

## Nausea and Vomiting of Pregnancy (NVP)

MotherSafe - Royal Hospital for Women

Updated November 2021

*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 (NVP)?**

NVP affects over half of all pregnant women and can have a significant impact on the lifestyle of the pregnant woman.<sup>1,2,3,4</sup> 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, weight loss and dehydration.<sup>5</sup> 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. This occurs much less often, about one in 100 pregnancies.<sup>1</sup>

### **What causes NVP?**

The cause of NVP is unclear and may have many contributing factors, although it is most likely to be related to the changing hormones in a woman's body during pregnancy. There is no way of predicting if NVP will happen in a pregnancy, although it is commoner in multiple pregnancies. Many women who have had NVP during their first pregnancy will also have it in later pregnancies.<sup>1,4,5,6</sup>

### **Is NVP harmful to the pregnancy?**

Moderate levels of nausea and vomiting will not harm a developing baby.<sup>5,6</sup> Ensure you drink plenty of fluids to avoid dehydration. Try and eat a variety of foods so that you continue to get your daily requirements of vitamins, minerals and nutrients. Sometimes, taking prenatal vitamins may worsen NVP, often related to the iron content. In this situation you should discuss with your healthcare provider to work out what vitamins will work best for you.

### **Settling NVP** <sup>1,2,3,4,6</sup>

The following are some suggestions which may assist in settling NVP. Managing NVP as early as possible may reduce the severity of symptoms

- 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
- Snacking on high protein foods may be helpful
- 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**<sup>1,2,3,4,5,6</sup>

- 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 ( 1 to 2 g powdered ginger orally, daily)<sup>2</sup> may be beneficial in NVP

### **Suggested medicines to treat NVP<sup>2,3,4,6</sup>**

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 Australia<sup>7</sup> and is considered safe in pregnancy. The product information for some brands of doxylamine may include the warning “Do not take if pregnant or breastfeeding”. This warning however is not evidence based: doxylamine is the 1<sup>st</sup> line medication to treat NVP recommended in Australia and worldwide, due to its effectiveness and its strong safety profile.

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 25mg tablet	Take ½ a tablet	Take ½ a tablet	Take one tablet

Doxylamine tablets, 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 or with a smaller dose to begin with and gradually increase the dose as needed. It is important to make sure that your Pyridoxine tablet is 25mg as higher strengths may be a problem in pregnancy. **Ensure you do not take more than the recommended dose 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 NVP. Consult your doctor or MotherSafe for further advice.

### **References**

1. Lowe SA, Boyer L et al. SOMANZ Guideline for the management of nausea and vomiting in pregnancy and hyperemesis gravidarum. SOMANZ. Society of Obstetric Medicine of Australia and New Zealand 2019. Available at <https://www.somanz.org/content/uploads/2020/07/NVP-GUIDELINE-1.2.20-1.pdf> . Accessed November 2021
2. Therapeutic Guidelines (eTG March 2021 edition). Nausea and vomiting during pregnancy. Updated March 2016 West Melbourne. Accessed November 2021
3. Einarson A, Maltepe C et al. Treatment of nausea and vomiting in pregnancy - an updated algorithm. Canadian Family Physician. 2007 Dec; 53(12):2109-2111
4. Tan A, Foran T and Henry A. Royal Australian College of General Practitioners. Managing nausea and vomiting in pregnancy in a primary care setting. Australian Family Physician. 2016 August; 45(8).
5. Lane C. Nausea and Vomiting of Pregnancy: A Tailored Approach to Treatment. Clinical Obstetrics and Gynecology. 2007; 50:100-111
6. Committee on Practice Bulletins-Obstetrics. ACOG Practice Bulletin No.189: Nausea and vomiting of pregnancy. Obstetrics and Gynecology. 2018; 131(1):e15-e30
7. Australian Government Department of Health. Therapeutic Goods Administration. Prescribing Medicines in Pregnancy database. Available at <https://www.tga.gov.au/prescribing-medicines-pregnancy-database> . Accessed November 2021

### **Other resources**

MotherToBaby. Nausea and vomiting of pregnancy (NVP). OTIS. Organization of Teratology Information Specialists. March 2020. Available at <http://www.mothersetobaby.org/fact-sheets/nausea-vomiting-pregnancy-nvp/>  
BUMPS. Treating Nausea and vomiting in pregnancy. UKTIS BUMPS. Best Uses of Medicines Pregnancy. September 2019. Available at <https://www.medicinesinpregnancy.org/Medicine--pregnancy/NV/>  
NSW Department of Health. Having a baby book- common concerns in pregnancy. 2016. Available at <https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/having-a-baby/hab-common-concerns.pdf>



### *NSW Medications in Pregnancy & Breastfeeding Service*

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)