

Nausea and Vomiting of Pregnancy (NVP) and Hyperemesis Gravidarum (HG)

MotherSafe - Royal Hospital for Women

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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) and Hyperemesis Gravidarum (HG)?

NVP affects 7 in 10 pregnant women and can have a significant impact on the physical, mental and emotional health, as well as lifestyle and finances of pregnant women and their families.^{1,2,3,4,5,6} Although NVP is commonly known as 'morning sickness', it can happen at any time of the day or night. Symptoms usually occur from week 4 through to week 16 to 20, though may continue through the entire pregnancy. Most women feel better after the first trimester. 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.^{1,2,7} Other conditions can also cause nausea and vomiting in pregnancy and should be excluded by your doctor. The term hyperemesis gravidarum (HG) is used when the pregnant woman has severe symptoms, is unable to eat or drink normally, is limited in daily activities and may require hospital admission and rehydration. This occurs much less often, about one in 100 pregnancies.^{1,2,3}

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 severe NVP during their first pregnancy will also have it in later pregnancies. Women in this situation should consider having an assessment with a healthcare professional ideally when planning pregnancy or at least at an early stage in the first trimester.^{1,2,3,6,7,8} This is because early management of diet and lifestyle, medical treatment and quick referral may make NVP less severe.

Assessment of NVP^{1,2}

If you are pregnant and have nausea and vomiting, particularly if it affects your ability to drink and eat, you should contact your healthcare provider. The severity of NVP can be assessed with a questionnaire called a PUQE-24 score which consists of questions about how unwell you have been in the last 24 hours. Your healthcare provider will also assess your fluid and food intake, take a medical history, examine you and check on your mental health with a specific mental health questionnaire. This can guide treatment pathways and will help your healthcare provider to manage your sickness. **The PUQE_24 score is shown below.**

In the last 24 hours, for how long have you felt nauseated or sick to your stomach?	Not at all (1)	1 hour or less (2)	2-3 hours (3)	4-6 hours (4)	More than 6 hours (5)
In the last 24 hours have you vomited or thrown up? I	I did not throw up (1)	1-2 times (2)	3-4 times (3)	5-6 times (4)	7 or more times (5)
In the last 24 hours how many times have you had retching or dry heaves without bringing anything up	No time (1)	1-2 times (2)	3-4 times (3)	5-6 times (4)	7 or more times (5)

If your PUQE-24 score is: • between 4 – 6, you have mild NVP • between 7 – 12, you have moderate NVP • ≥13, you have severe NVP (also known as HG).

If you have severe NVP/HG, your healthcare provider will organise further tests to check for other underlying causes and to see how dehydrated you are. This can assist in working out effective treatment specifically for you. Your healthcare provider may be your midwife, GP or obstetrician. If you are very unwell you can also go to the emergency department of your area hospital.^{1,2}

In partnership with the NSW Ministry of Health, MotherSafe will be offering extended hours in 2023 to provide support to callers regarding NVP/HG. The service will include assessment, management advice, referrals (where appropriate) and follow-up.

Is NVP harmful to the pregnancy?

Moderate levels of nausea and vomiting will not harm a developing baby.^{7,8} 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.

Settling NVP ^{1,2,3,4,5,6,8}

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

- Rest when you can - fatigue can make nausea worse. Change your activities to reduce tiredness and gain more rest.
- Don't overeat. Eat small meals rather than a lot of food all at once
- 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
- 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)
- 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

Non pharmacological measures for treatment of NVP^{1,2,3,4,5,6,7,8}

- 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 (200mg -600mg every 8 hours - maximum dose 1800mg per 24 hours daily) ^{1,4} may be beneficial in NVP. A standardised product is preferred.
- Vitamin B6 (pyridoxine) can be trialled. Dose is 25mg -50mg every 6 hours- maximum dose is 200mg in 24 hours.¹
- 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. In general if you currently have NVP, avoid iron containing preparations- consider switching to a supplement that contains only iodine and folic acid until you feel better.¹

Suggested medicines to treat NVP^{1,4,5,6,8}

If the strategies listed above do not help, try doxylamine tablets and pyridoxine (vitamin B6) tablets. Doxylamine is an antihistamine classified as Category A for use in pregnancy in Australia⁹ 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 1st 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. Even a ¼ tablet at night to start with may be helpful. 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.**

Other available over the counter antihistamine options include Diphenhydramine (Snuzaid) or promethazine (Phenergan/ fenezal/ Allersoothe). Only one antihistamine medication should be used at a time.¹

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.

Other issues to treat

- Constipation is a common problem and may be worsened by some of the medication used to treat NVPs. Macrogol (once or twice a day) and/or lactulose (15-30ml once or twice a day) and/or docusate (120mg once or twice a day) may be used in pregnancy¹
- Reflux is common. For moderate reflux, over the counter treatments include antacids and esomeprazole. Pantoprazole and rabeprazole are also over the counter but have less safety information in pregnancy. Most other treatments require a script and you will need to see your healthcare provider for further management.¹

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Other resources

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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)