

# Nausea and Vomiting in Pregnancy

Royal Prince Alfred Hospital Emergency Department

## Introduction

Nausea and vomiting are common symptoms in early pregnancy. About a third of women have symptoms severe enough to alter their daily activities and one quarter lose time from work or household activities. In a small percentage the symptoms are severe, stopping most activities including eating and drinking, requiring medical help to bring the illness under control. When illness is this severe it is called Hyperemesis Gravidarum.

Sometimes nausea and vomiting cannot be stopped completely. Thankfully symptoms improve with time – and usually settle by 12 to 16 weeks of pregnancy. The aim of treatment is to reduce these symptoms enough to allow normal daily activities (especially intake of food and fluids), and to return a sense of control to the woman and her family.

## General Advice

Every woman has a different pattern of nausea and vomiting in their pregnancy, so there is no “one size fit’s all” advice for modifying diet and lifestyle. Most advice concentrates on finding what makes nausea better or worse, and modifying timing and type of activity, food, fluid and medications to suit. 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. Many women find taking the first morning dose of anti-vomiting tablets half an hour before getting out of bed helps prevent the morning shower or post breakfast vomit.
- Avoid the things that trigger nausea and vomiting. Common triggers include hot, fatty or spicy meals, strong smells, smoking (and smokers), large tablets, iron supplements, car travel, having an empty stomach, and tiredness.
- If the smell of hot food makes you feel ill – try having cold food instead. If possible avoid cooking and ask for help from friends and family.
- If tiredness makes you feel sick, an extra rest at the end of the day may help.
- Lie down when you feel nauseous

### Dietary Advice

- Dehydration and an empty stomach both worsen symptoms. Try constantly sipping small volumes of fluid and eating small snacks throughout the day.
- Have larger meals when nausea is less rather than at traditional meal times.
- Most women find small snacks of bland or salty carbohydrate based foods easier to tolerate. Keep a pack of chips, cracker biscuits, barley sugars or tiny teddies in a pocket to graze from, and a pop top or sipper cup to drink from.
- Some fluids are easier to drink than water – flat lemonade, sports drink, dilute fruit juice, cordial, weak tea, clear soup
- Early morning nausea may be helped by eating a dry biscuit before getting out of bed

## When to seek Medical Advice

Symptoms of nausea and vomiting form a vicious cycle. As a woman becomes more dehydrated, malnourished, and as the salts in her bloodstream become more abnormal from prolonged vomiting, her nausea and vomiting get worse, and her symptoms become harder to bring back under control. Also the risks to her and her child become greater.

If a woman comes to hospital before vomiting and dehydration get out of hand, often her illness can be brought back under control with a brief stay in the emergency department for medications and intravenous fluids rather than requiring a long stay in hospital. Although this might mean more frequent emergency department visits, it results in less total time in hospital, less time feeling unwell, better quality of life outside the hospital, and restores a sense of control to the woman.

Royal Prince Alfred Hospital Emergency Department encourages you to present when you feel that:

- You are having difficulty maintaining your food or fluid intake due to nausea or vomiting
- You are unable to cope with your symptoms at home
- We have supplied Ondansetron, and your supply is due to run out this week (present on a weekday morning please)

You can often recognise early in the morning that the day is going to be bad, and you would benefit from a brief stay and a few litres of intravenous fluid. In such cases we are also happy to see you and help keep your illness under control.

In any woman with Hyperemesis we recommend and will help organise early and close review with her GP, Obstetrician or Antenatal Clinic. Most women with hyperemesis require an extra third trimester ultrasound to ensure that the fetus is growing well.

## Re-presenting to the Emergency Department

As Hyperemesis is an ongoing illness, we expect (and even encourage – see above) re-presentations to the emergency department. Please bring your yellow card, any medications you are currently taking, and any letters written by doctors and ultrasounds done during this pregnancy with you.

## 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.

To treat hyperemesis requires a stepwise approach tailored to a woman's needs and side-effects.

The approach we recommend is:

- Ginger, Vitamin B6 tablets, and Doxylamine. (available as over the counter medications)
- If these aren't sufficient, add Metoclopramide.
- If still insufficient, try replacing Metoclopramide with Prochlorperazine, and if required add Prochlorperazine suppositories to regain control if vomiting prevents you taking tablets
- If still insufficient use ginger, B6, Doxylamine, the best of Metoclopramide or Prochlorperazine and add Ondansetron

**Vitamin B6 (Pyridoxine)** One 25mg tablet taken 3-4 times per day. Side effects are exceedingly rare. Note there are 25mg, 100mg and 250mg tablets and sizes vary. Try to find small 25mg tablets.

**Doxylamine (Restavit, Dozile)** is available without prescription from your chemist, but you will need to ask for it specifically. It is marketed as a sleeping tablet rather than a morning sickness medication (see below). Side-effects are dry mouth, and marked sedation. Because of sedation some women take half or one 25mg tablet only at night. Others take half a 25mg tablet morning and lunchtime and one 25 mg tablet at night.

**Metoclopramide (Maxolon)** One 10mg tablet may be taken up to 6 hourly. The main side-effects are sedation (common) or restlessness and twitchiness (rare). Very rarely it can cause unusual facial ticks – if this occurs, go to hospital to have it treated.

**Prochlorperazine (Stemetil)** One 5 mg tablet may be taken up to 8 hourly. It works and has side-effects similar to metoclopramide, so we recommend using one or the other. Combining them increases the risk of side-effects. One advantage of Prochlorperazine is that it is available in suppository form. Though unappealing, one 25 mg suppository can be taken (only once per day) to stop vomiting even if vomiting is preventing you from taking other medications.

**Ondansetron (Zofran)** Half or one 4mg tablet or wafer up to twice daily. The most common side-effect is constipation (over and above usual pregnancy related constipation). Because it is only licensed for use in vomiting due to chemotherapy it is very expensive. If your vomiting is severe enough to require it, the Emergency Department will try to arrange a supply for you through the hospital.

## Other Medications in Pregnancy

### Constipation

A wide variety of medications are available over the counter or by prescription for constipation. Two popular are **Metamucil** (available over the counter) and **Normacol Plus** (available over the counter but cheaper with a prescription)

### Reflux

Reflux oesophagitis (heartburn) is common in women with hyperemesis, and frequently becomes worse as pregnancy progresses. **Rabeprazole (Pariet)** decreases the acidity of the stomach and so decreases reflux symptoms. Most women with symptomatic reflux will settle with one 20mg tablet twice a day. Once symptoms resolve, decrease to one 20mg tablet daily.

### Pregnancy Vitamins and Supplements

**Iron:** Recommended but often not needed. Stopping may improve nausea.

**Folate:** 0.5mg daily decreases rates of spina bifida and other neural tube defects

**Vitamin B12:** Vegetarians should take supplements with at least 6 mcg daily.

**Iodine:** Needed in areas of deficiency (which Australia arguably is)

**Thiamine (Vitamin B1):** Important if you are malnourished due to vomiting

**Blackmores** do not have enough folate per tablet. You need to take three daily.

**Elevit** have enough folate, but no iodine, and are large tablets (hard to swallow).

**Fab-fo** are small tablets with the correct folate dose and iodine supplementation.

## Complimentary Therapy

Due to concerns over using medications in pregnancy, some women use complimentary therapies. Sadly, many are ineffective or dangerous. Complimentary therapies with some proven benefit are:

**Ginger** is available as raw ginger root, teas, sweets, ginger ale, and capsules (marketed as morning sickness tablets – 250mg taken four times per day). If one form of ginger is unpalatable for you, another form may be easier to tolerate.

**Acupressure** involves pressure is applied to the P6 Neiguan point –on the inside of the wrist, two finger breadths down from the wrist crease between the tendons for 5 minutes every 4 hours or as needed. Evidence of its effectiveness is poor, however, acupressure is harmless and free.

**Other Alternative or complimentary or alternative therapies** do not have good evidence to support them, and some may be dangerous to yourself or your child.

## Are These Medications Safe?

There is understandable anxiety over taking medications in early pregnancy. The medications we recommend are the safest we have available to control these symptoms, and are what obstetricians use when they have hyperemesis.

### Risk and Benefit

In all pregnancies, the risk of fetal abnormalities is 3%. These vary from minor (eg toe webbings, extra earlobes) to major (eg holes in the heart, spina bifida)

**Category A** drugs (eg Metoclopramide, Doxylamine) are not associated with any abnormalities in pregnancy.

**Category B1** drugs (eg Ondansetron, Rabeprazole) we have less experience with in pregnancy, but there are no known association with abnormalities and animal studies show no fetal abnormalities

**Category C** drugs (eg Prochlorperazine) are not associated with abnormalities but may have other effects on the fetus.

Prochlorperazine causes fetal sleepiness which is of no concern unless it is given during delivery.

**Category D and X** drugs are associated with fetal abnormalities or miscarriage. None of the drugs listed are Cat D or X

Hence we recommend these medications (low risk) to control symptoms and prevent malnutrition and dehydration (high risk)

### The Debendox Irony

Debendox (a mixture of Vitamin B6 and Doxylamine) is the most researched and safest known drug in the history of pregnancy medicines. It was withdrawn from the market in 1983 not because of safety issues but for fear of being sued. Even today Doxylamine is labelled "not be taken in pregnancy."

You may still face resistance from your pharmacist to sell it to you as you are pregnant. If you have concerns over any medications in pregnancy contact

**Mothersafe (02) 9382 6539**