

NAUSEA AND VOMITING IN PREGNANCY

Introduction

Nausea and vomiting are often regarded as an unpleasant but normal part of early pregnancy. It is a very common complaint in the first trimester of pregnancy occurring in approximately 75 – 80% of pregnant women. Symptoms generally begin about week five gestation and are typically resolving by week twelve of pregnancy, however, up to 15% of pregnant women experience persistent symptoms until delivery. Although commonly known as "morning" sickness, only 17% of pregnant women experience nausea only in the morning; most have symptoms throughout the day.

Nausea and vomiting of pregnancy (NVP) is best thought of as a spectrum disorder with varying degrees of symptoms in different women. Symptoms can range from mild nausea to unbearable bouts of nausea and vomiting throughout the day. For most women, NVP is a self-limited condition during early pregnancy with no long-term negative impact on their health or the health of their babies. However, while NVP affects a woman's life, both personally and professionally and it is extremely unpleasant, NVP is associated with a healthy baby.

What causes NVP?

No one knows exactly what causes the nausea of pregnancy. Most researchers believe it's a combination of the many physical changes taking place in your body such as the higher levels of hormones during early pregnancy.

Will there be any effects on my pregnancy?

Most cases of nausea and vomiting in early pregnancy are not harmful to the mother and her unborn child. For most women, the feelings of nausea and the episodes of vomiting decrease at some point during the day so that they feel hungry again and can keep food down.

While short-term dietary deficiencies do not appear to have any harmful effects on pregnancy outcome, severe and persistent NVP symptoms can affect your health. Many women will have to change their daily schedule in some way in order to cope with their condition. If you are so sick that you are missing meals day after day, you will need to be assessed to ensure you and your baby are getting all the daily nutrients to grow as healthy as he or she can.

What can I do about NVP?

You may need to try a number of strategies to help you manage and these may change as the pregnancy progresses. There are lifestyle strategies, dietary strategies, alternative remedies and medication.

LIFESTYLE STRATEGIES

- Get plenty of rest since nausea tends to worsen when a woman is tired. Try napping during the day. Typically, a pregnant woman needs more sleep in the first three months of pregnancy.
- You may need to take some time off work.
- Enlist the support of family and friends for household chores and childcare.
- Get plenty of fresh air and avoid warm places as feeling hot can add to nausea.
- Keep active even if you don't feel like it, some exercise everyday is helpful.
- Avoid smells, tastes or textures that activate your nausea.
- Have someone else do the cooking for the time being.
- Arise slowly on waking and getting out of bed.
- Talk to someone, (midwife, spouse, friend) if you feel you really cannot manage.

DIETARY STRATEGIES

- Eat little and often, every 1-2 hours throughout the day, even if you don't feel like it. Try something. Eating small meals throughout the day will help keep your blood sugars stable. If blood sugar dips too low it can trigger nausea. Six small meals per day will be easier to keep down and digest.
- Eat what appeals to you, you can improve your nutritional content as the nausea decreases.
- Do not eat greasy, high fat or spicy foods
- Try eating a snack before you get out of bed or when you get up to the bathroom during the night. Suggestions are: crackers, dry cereal, toast, and almonds.
- Try digestive or stomach calming teas such as: fennel, peppermint, spearmint, chamomile, lemon balm or ginger.
- Drink adequate amounts, sip slowly throughout the day. Aim for 2 litres of fluid per day including water, herbal teas, diluted juices.
- Try drinking fluids between meals rather than with meals.
- Try smoothies (fruit and yogurt), vegetable juices, chicken broth or miso soup for some nutrition.
- If you cannot manage your prenatal vitamins just take the folic acid.

ALTERNATIVE REMEDIES

- Ginger may decrease the severity of nausea for some women. You can take it as a tea (cut up a 2 inch piece of fresh ginger into small pieces, add half a lemon cut into 4 pieces, bring to boil and simmer for 15 minutes and strain, then sweeten lightly or to taste) and sip slowly throughout the day; or take as capsules 250 mg four times a day or 500mg twice a day. In a pinch ginger ale may be helpful but it has a high amount of sugar and is carbonated which may not be helpful.
- Vitamin B6 (pyridoxine). Try taking 25mg capsules or tablets at intervals during the day up to a maximum of 150 mg.
- Vitamin K 5mg and Vitamin C 500mg taken together has been reported to be effective. It takes about 72 hours to take effect.
- Acupressure for 3-5 minutes to the "Pericardium 6" point which is located 2 thumb-widths up from the wrist crease on the inside of the wrist at the centre line on the side of the tendon closer to the thumb (check out pericardium 6 on You

Tube). This can also be achieved wearing “seabands” which are designed to alleviate the nausea from motion sickness. These are available at pharmacies or health food stores.

- Homeopathics may help, check with a homeopathic physician.
- If heartburn is also a problem use Tums as directed on the package. If

MEDICATIONS

There are medications that can be used to help with severe NVP that is preventing women from managing their daily activities. The first medication usually prescribed for NVP is Diclectin; an anti-nauseant/anti-emetic, which consists of a combination of 10mg vitamin B6 (pyridoxine hydrochloride) and 10 mg of an antihistamine called doxylamine succinate in a delayed release formulation. This medication is the only medication approved in Canada for the treatment of nausea and vomiting in pregnancy. Its safety and effectiveness for the treatment of NVP is recognized by Health Canada. Its safety throughout pregnancy has been long established and studies have shown no evidence that harmful effects are experienced by babies. For more information go to: www.diclectin.com.

For exceptionally severe cases there are additional/ alternate medications that may be prescribed after referral to the Nausea and Vomiting Outpatient clinic at Surrey Memorial Hospital.

If you are unable to manage and need something immediately it is safe to take Gravol 50 mg orally, which is available over the counter at pharmacies.

What if I just can't keep anything down?

About 1% of pregnant women in Canada (some 4,000 women per year) will suffer from excessive vomiting in pregnancy called “hyperemesis gravidarum”. In such cases, if left untreated, the lack of food, fluids and nutrients may be harmful to their health and the well-being of their baby. If left untreated, severe cases of NVP can lead to dehydration.

Dehydration happens when the body does not have as much fluid as it should. This may be caused by losing too many fluids or not drinking enough. Severe cases of dehydration may require intravenous fluids and vitamin supplementation from the hospital. Call the midwife and seek medical attention if you suffer from signs of dehydration such as infrequent urination or dark yellow urine, very dry mouth and lips, weight loss over 3.5 kg (7-8lb), blood appearing in the vomit and extreme fatigue and /or weakness. Women experiencing any of these symptoms or severe NVP are referred to the NVP Clinic at Surrey Memorial Hospital.