



COPING WITH NAUSEA AND VOMITING IN PREGNANCY

‘Morning sickness’ can occur at any time of the day. The cause is unknown although it has been linked to changes in the levels of various hormones during pregnancy. It usually starts at about the sixth week of pregnancy and settles by about the fourteenth week. Some women will not be affected by morning sickness, but in others it can be severe enough to require hospitalisation. Fortunately, your baby is not likely to suffer because you are unwell, unless your symptoms are severe and prolonged. However, if you were not eating well before pregnancy, have lost a lot of weight quickly, are dehydrated or worried, check with your doctor or ring the hospital for advice. If you are unlucky then your symptoms can reoccur at any time in the pregnancy or they may not go at all.

What can I do to help?

Drink enough to prevent dehydration. It is important to drink plenty of fluids as dehydration makes nausea and vomiting worse. • Drink small amounts often. • Sometimes other fluids are managed better than water. Try Hydralyte, flat lemonade, sports drinks such as Gatorade, diluted fruit juice, cordial, weak tea or clear soup. • Suck on ice or icy poles if other fluids cannot be managed. • Some people find ginger helps relieve nausea. Try dry ginger ale or ginger tea. To make ginger tea, soak three or four slices of ginger in boiling water for five minutes. Sip slowly. Ginger tablets are also available from your local pharmacy.

• Eat small amounts of food more often, rather than large meals. • Avoid having an empty stomach. Snack in between mealtimes, e.g. biscuits, fruit, toast. • Early morning nausea may be helped by eating a dry or plain sweet biscuit before getting out of bed or by snacking during the night if you wake up. • Salty foods may help. Try potato crisps or salty biscuits. • Try sucking on barley sugar or boiled sweets. • Avoid fatty, rich or spicy foods like takeaways, curries, hot chips, chocolate. • Make the most of your best time of the day – eat well when you feel best or whenever you feel hungry during the day. • If the smell of hot food makes you feel ill, try eating cold food instead. If possible, avoid cooking and ask for help from friends and relatives. • Choose simple dishes that are quick and easy to prepare. If you spend too much time preparing food you may not feel like eating. • Don’t restrict unnecessarily – include foods that appeal and avoid those that don’t!

Some foods to try:

• Dry or plain sweet biscuits • Toast with honey, jam or vegemite • Sandwiches with low fat fillings such as tomato, salad, vegemite, cheese • Low fat soups • Fresh or stewed fruit • Ice cream, custard or yoghurt • Grilled, lean meat, chicken or fish • Boiled, poached or scrambled eggs • Boiled rice • Mashed potato

Hyperemesis:

A small percentage of women suffer from excessive and prolonged vomiting, called “hyperemesis”. If left untreated, hyperemesis can lead to dehydration. It is important to see your doctor if symptoms are severe. How is hyperemesis treated? • There are a range of medications of varying strengths which help to relieve severe symptoms. Make sure you take your medication regularly, as prescribed, or it will not be effective. • If you are unable to drink enough fluid, you may need to attend your hospital for regular intravenous fluids. This may be recommended two to three times per week. • Drink as much as you can to keep hydrated and eat whatever you can tolerate. • As symptoms settle, gradually get back to healthy eating. This is important to replace the nutrients you have been missing out on. Your dietitian may also recommend a multivitamin supplement. If a multivitamin supplement contains iron then you may find that it will increase your first trimester sickness.

What about weight loss?

It is not uncommon to lose weight whilst you are unwell. A small amount of weight loss is unlikely to harm your baby. For prolonged vomiting with continued weight loss, seek further advice from your doctor. Also, your dietitian may recommend some supplements to help prevent weight loss. Weight can be regained quickly once you begin to eat normally again. Gradually increase your intake of food until you are able to eat a well-balanced diet. As your appetite improves, you will be able to manage greater amounts and a wider variety of foods. Aim to eventually choose a range of foods from the five food groups and drink at least 8-10 glasses of fluid each day.

Other important considerations:

There are alternative treatments which some women find useful, e.g. acupuncture or hypnotherapy. Alternative treatments are not routinely offered as part of your maternity service. Your doctor or midwife may be able to provide more information. Have plenty of rest as nausea is often worse when tired. Keep stress to a minimum. Ask for help as you need it from family and friends.

You can try acupuncture which helps some women. Our local acupuncturist – Mount Acupuncture Debbie Karl 075744978 or 021656209.

COMMON MEDICATIONS:

Metoclopramide hydrochloride

(10mg 1 tab 8hrly)

Pregnancy Compatible

The human pregnancy experience, either for the drug itself or drugs in the same class or with similar mechanisms of action, is adequate to demonstrate that the embryo-fetal risk is very low or nonexistent. Animal reproduction data are not relevant.

Possible Adverse effects

drowsiness, restlessness; *less commonly* nausea, bowel disturbances, insomnia, headache, dizziness, delirium, obsessive rumination, mania, tardive dyskinesia; *rarely* depression; *very rarely* cardiac conduction abnormalities (following intravenous administration), neuroleptic malignant syndrome; *also reported* asthma symptoms, supraventricular tachycardia, anxiety, agitation, hyperprolactinaemia, urinary incontinence, sexual dysfunction, priapism, methaemoglobinaemia agranulocytosis, hyperthermia, visual disturbances, rash

Cyclizine

(50mg 1tab BD)

Pregnancy Compatible

The human pregnancy experience, either for the drug itself or drugs in the same class or with similar mechanisms of action, is adequate to demonstrate that the embryo-fetal risk is very low or nonexistent. Animal reproduction data are not relevant.

Possible Adverse effects

gastro-intestinal disturbances, drowsiness, headache, psychomotor impairment, urinary retention, dry mouth, blurred vision, tachycardia, hypertension, hypotension (with *injection*), transient speech disorders, movement disorders, paraesthesia, hallucinations, twitching, oculogyric crisis; *rarely* palpitation, arrhythmias, extrapyramidal effects, dizziness, confusion, depression, sleep disturbances, tremor, convulsions, hypersensitivity reactions (including bronchospasm, angioedema, anaphylaxis, rash, and photosensitivity reactions), blood disorders, liver dysfunction, angle-closure glaucoma, transient paralysis (with *intravenous use*); *also reported* injection site reactions

Ondansetron

(4mg/8mg tab or wafer BD)

Pregnancy Human Data Suggest Risk

Human (and animal) Data Suggest Risk: The human data for the drug or drugs in the same class or with the same mechanism of action, and animal reproduction data if available, suggest that there may be a risk for developmental toxicity (growth restriction, structural anomalies, functional/behavioural deficits, or death) throughout pregnancy. Usually, pregnancy exposure should be avoided, but the risk may be acceptable if the maternal condition requires the drug.

Pregnancy Summary: Two large national studies, one from Denmark and the other from Sweden, have found statistically significant increases of cardiac anomalies when ondansetron was used in the 1st trimester (1,2,3). Although several smaller studies reported no association with structural defects, ondansetron was usually started after organogenesis, the critical period for causing cardiac anomalies. If ondansetron must be used, avoiding the 1st trimester is the safest course.