Clinical Practice Guideline Nausea and Vomiting in Pregnancy
Peninsula Care Goal Safe

Target Audience
Medical Staff: who order appropriate investigations and direct management.
Midwifery/Nursing Staff: who provide nursing care of the woman during her admission.
Dieticians: who provide nutritional support and dietary advice.

Purpose
To make a clinical diagnosis of nausea and vomiting in pregnancy. To evaluate the degree and severity of the symptoms, and to manage symptoms.

Guideline
Definitions:
Nausea with or without vomiting is a common presentation in pregnancy, affecting 50-90% of women. It tends to be mild and self-limiting and is not associated with adverse pregnancy outcomes. For most women it begins around the sixth week of pregnancy, and resolves by the 12th week. However, one in five woman endure these symptoms into their second trimester or beyond.
Hyperemesis gravidarum is severe intractable nausea and vomiting which leads to weight loss greater than 5% of pre-pregnancy weight, electrolyte abnormalities and dehydration. This condition is far less common, occuring in 1% of pregnancies, and is associated with both maternal and perinatal morbidity.

Diagnosis:
History and Examination
The aetiology of the condition is poorly understood and probably multi-factorial. Idiopathic nausea and vomiting must be distinguished from that caused by gestational trophoblastic disease or multiple pregnancy, or other non-pregnancy related causes.
The severity of maternal symptoms, the disturbance of nutritional intake, and the physical and psychological debilitation should be assessed.

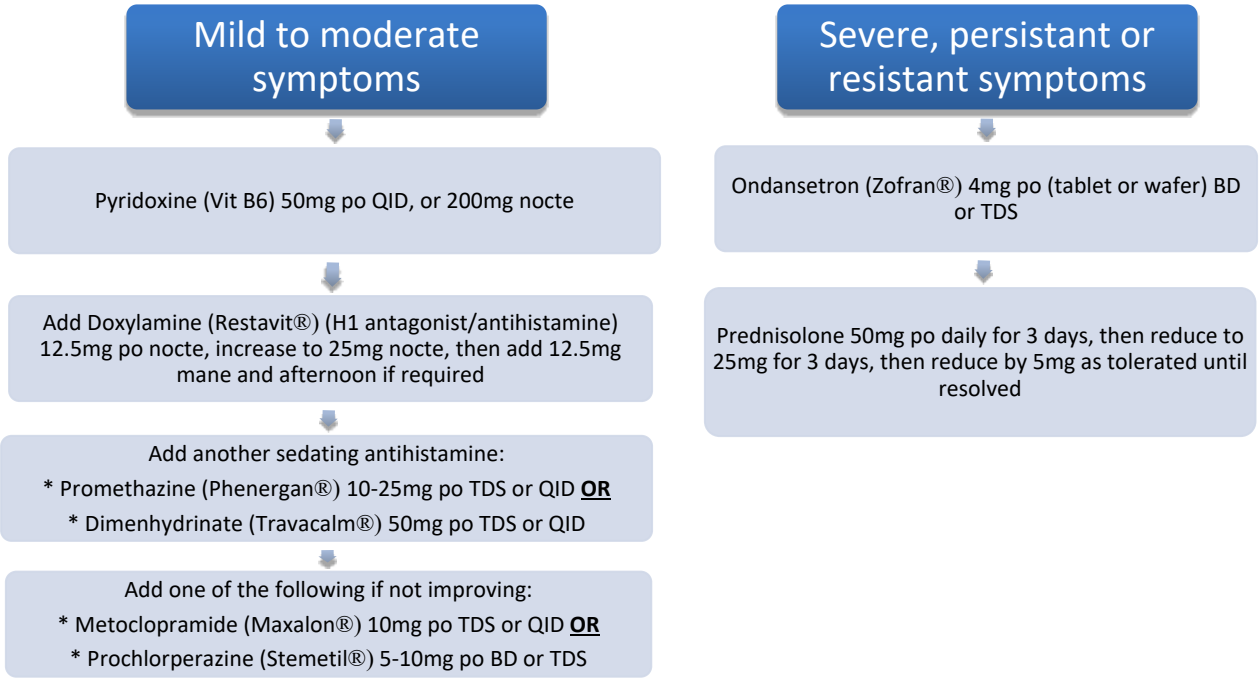
Investigations
This is a diagnosis of exclusion so there is no single diagnostic investigation, and laboratory abnormalities may or may not be present.
- Urinalysis and MSU
- Urea, creatinine and electrolytes (consider calcium)
- Blood glucose
- Liver function tests
- TSH (beware interpretation of TFT in early pregnancy)
- Early pregnancy ultrasound

Management:
Lifestyle Measures
Dietary and lifestyle changes should be encouraged. Suggestions include:
- Adequate oral fluid intake to prevent dehydration. Cold drinks and ice-chips are helpful.
- Taking small amounts of high-carbohydrate, low-fat food more regularly rather than large meals. Avoid caffeine, spicy foods and strong odours.
- Eating plain biscuits before getting out of bed in the morning.
- Getting plenty of rest as fatigue exacerbates nausea and vomiting of pregnancy
- Consider suitable multivitamin supplementation if poor oral intake persists, specifically one without iron (unless woman has an iron-deficiency anaemia)

- Ginger (as either tablets or syrup) has evidence to suggest its efficacy when compared to placebo. Women should not take more than 1g per day. A suggested regime is 250mg QID
- P6 acupressure using wrist bands

Medications

- Progress through the following list of medications sequentially until symptoms controlled.



- Pyridoxine (VitB6) and dimenhydrinate (Travacalm) can be purchased in pharmacies.
- Doxylamine (Restavit) and Promethazine (Phenergan) can be bought over the counter as a pharmacist only medicine
- The other medications require a presciption
- Admit for intravenous fluids if dehydrated, and consider administering medications via alternative routes where appropriate (per rectum, intramuscularly, intravenously)
- Consideration should be given to thiamine supplement to prevent the complication of Wernicke's encephalopathy. The suggested dose is 100mg po daily.
- Gastro-oesophageal reflux disease may contribute to nausea in pregnancy. Start treatment for reflux if present with Ranitidine 150mg po bd.

Key Aligned Documents

- Twin Pregnancy (Antenatal and Intrapartum Care)

Evaluation

Regular document revision and review of relevant VHIMS/RiskMan Reports.

References

[1] RCOG Green Top Guidelines (2016): The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum (Green-top Guideline no.69)

[2] The Royal Women's Hospital Clinical Guideline (2017): Nausea and Vomiting - Pregnancy
[3] UpToDate (2018): Clinical Features and Evaluation of Nausea and Vomiting of Pregnancy
[4] UpToDate (2018): Treatment and Outcome of Nausea and Vomiting of Pregnancy
[5] Therapeutic Guidelines (2018): Nausea and Vomiting During Pregnancy

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