

Nausea and Vomiting of Pregnancy (NVP)

This sheet talks about nausea and vomiting during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is nausea and vomiting of pregnancy?

Nausea and vomiting is the most common medical condition of pregnancy, affecting 50-70% of all pregnancies to some degree. NVP may be caused by the changing hormones in a woman's body during pregnancy, although this is not known for sure. In many cases, it resolves by the end of the third month of pregnancy, although up to 20% of women continue to have symptoms throughout their entire pregnancy. Severe NVP known as (hyperemesis gravidarum) affects approximately 1% of women. Severe NVP can be debilitating and may require hospitalization and re-hydration of fluids. Less severe cases may have a significant impact on a woman's ability to manage her life on a daily basis.

Is suffering from NVP harmful to my baby?

NVP is felt to have a protective effect on the fetus. Studies have found that women suffering from NVP have babies with fewer birth defects and less miscarriages.

If I have NVP in my first pregnancy, will it occur in subsequent pregnancies?

Unfortunately, there is no way to predict if NVP will happen during each pregnancy, however many women who have had NVP during their first pregnancy often have symptoms during succeeding pregnancies.

Is there a safe, effective treatment for this condition?

In the United States, there was an effective medication called Bendectin[®] which

contained doxylamine (an antihistamine) and pyridoxine (vitamin B6). It was voluntarily taken off the market in 1983 due to concerns that it caused an increased risk for birth defects. Many studies have confirmed that this medication did *not* increase the risk of birth defects to the developing fetus. In Canada, a company continues to manufacture the same medication under the name Diclectin[®]. It has been recommended as a drug of choice for treatment of NVP by The Society of Obstetrics and Gynecology of Canada and Health Canada. Plans are underway to introduce Diclectin[®] to the U.S.

Some women have been advised by their physicians to take the combination of doxylamine and Vitamin B6 (pyridoxine) since both are available over the counter. It is important that you consult your physician before taking any medications during pregnancy.

Are there other drugs that can be prescribed for NVP?

A variety of medications can treat NVP. Remember that before using any medications you should consult your physician to determine the best medication to treat your symptoms. Some medications that have been used to treat NVP are believed to be safe and effective. Some of those medications are:

- doxylamine succinate
- dimenhydrinate
- trimethobenzamid
- hydroxyzine
- promethazine

- prochlorperazine
- metoclopramide
- meclizine
- diphenhydramine

In addition, ondansetron (Zofran[®]) is a drug used for the treatment of nausea and vomiting after chemotherapy. Increasingly, it is being used for NVP. A study was completed with 176 women after using ondansetron in the first trimester. There was no increase in the baseline rate of birth defects (2.2%) and it was found to be quite effective.

Are there natural or herbal products that are effective?

Vitamin B6 (pyridoxine) and ginger are two natural/herbal products that have been studied for the treatment of NVP. One study found that women who took multivitamins containing vitamin B6 prior to pregnancy had a lower incidence of NVP and there was some reduction in the severity of their symptoms when used during pregnancy. Two controlled trials evaluating powdered ginger root found a significant reduction in nausea and vomiting in the women who were treated with the ginger. Another study followed up with 187 women who used various forms of ginger in the first trimester of pregnancy and found that there was no increase in the baseline rate of malformations and was mildly effective for NVP. It is important to consult your physician before using these products since they may interfere with other medication or contain other harmful herbs.

I have heard that acupressure and acustimulation have been found to be helpful.

There have been some studies examining the effectiveness of these types of treatments. It was found that these methods (which stimulate the P6 point on the inside of the wrist with either needle or mild electrical current) may help control the symptoms of NVP. Additional studies are needed in this area.

I have also heard that hypnosis can be helpful to control the symptoms.

Some studies have found hypnosis to be helpful in the treatment of nausea and vomiting following chemotherapy. When 138 women with NVP were hypnotized 88% reported cessation of NVP after one to three hypnosis sessions. However, as these women were nearing the end of the first trimester of pregnancy, it was not known if the NVP would have resolved without hypnosis.

How can I get more information about NVP?

The Motherisk Program in Toronto, Canada has a telephone line devoted to women suffering from NVP. The Motherisk Program is a member of OTIS and has counselors specially trained in NVP. They can discuss any concerns that you may have about this difficult condition of pregnancy. From anywhere in North America, call toll-free: **1 800-436-8477**.

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*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at **1-866-626-6847**.*