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## 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 (NVP)?***

Nausea and vomiting is the most common medical condition of pregnancy. Sometimes called “morning sickness,” NVP affects 50-90% of pregnant women. NVP may be caused by the changing hormones in a woman's body during pregnancy, although this is not known for sure. In most women, symptoms go away between 12-16 weeks of pregnancy. About 20% of women will continue to have nausea and vomiting throughout their entire pregnancy.

The most severe form of NVP is known as hyperemesis gravidarum (HG). HG is severe and frequent vomiting that can cause weight loss and dehydration. HG affects up to 2% of pregnant women.

Whether symptoms of NVP are mild, moderate or severe, it can have a significant impact on a woman's quality of life. If NVP is affecting your ability to eat, sleep and perform your daily activities, speak with your health care provider.

### ***Is suffering from NVP harmful to my baby?***

No. In fact, NVP may have a protective effect on the baby. Studies have found that women suffering from NVP have babies with fewer birth defects, less miscarriages and higher IQ.

### ***Is there a safe, effective treatment for NVP?***

In the United States, there was an effective medication called Bendectin<sup>®</sup> 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 does *not* increase the risk of birth defects to the developing baby. In Canada, a company continues to manufacture the same medication under the name Diclectin<sup>®</sup>. 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. In addition, a 2009 study showed that Diclectin<sup>®</sup> use during pregnancy did not have any long term effects on babies' brain development. Plans are underway to introduce Diclectin<sup>®</sup> to the U.S.

Some women have been advised by their health care provider to take the combination of doxylamine (Unisom<sup>®</sup>) and Vitamin B6 (pyridoxine) since both are available over the counter. It is important that you speak with your health care provider 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 health care provider to determine the best medication to treat your symptoms. The following medications have been used to treat NVP, but their level of safety and effectiveness varies:

- dimenhydrinate
- hydroxyzine
- promethazine
- ondansetron
- trimethobenzamide
- chlorpromazine
- prochlorperazine
- metoclopramide

- meclizine
- diphenhydramine
- steroids (given after 10 weeks gestation)

***Are there any natural, alternative or complementary therapies that are effective?***

Ginger and vitamin B6 (pyridoxine) are commonly used remedies for the treatment of NVP. Several small studies show that up to 1000mg/day of ginger (root powder equivalent) does not increase pregnancy risks and may be effective for NVP. The safety of vitamin B6 during pregnancy has been well researched. Doses up to 200mg/day can be used.

The safety of acupuncture or acupressure (which stimulates a point on the inside of the wrist either with pressure, needle or mild electrical current) has been reported with varying degrees of effectiveness for relieving symptoms of NVP.

Hypnosis may be helpful in the treatment of nausea and vomiting following chemotherapy. However, there are no convincing studies showing it to work effectively for the treatment of NVP.

It is important to consult your physician before using these products or methods since they may interfere with other medication or contain other harmful herbs.

***If I have severe NVP in my first pregnancy, will it occur in future pregnancies?***

Possibly. It is suggested that 75-85% of women who have NVP in their first pregnancy will also experience it in future pregnancies. There may be genetic factors that influence a woman's ability to have NVP.

***How can I prepare myself for NVP in this pregnancy or any future pregnancy (ies)?***

Dietary and lifestyle strategies can help with NVP. For example, eating small meals every 1-2 hours, drinking cold fluids, and adding a protein to each snack or meal can reduce the severity and frequency of symptoms. It is also helpful to treat NVP symptoms as soon as they occur. The bacterial infection called *Helicobacter pylori*

has been associated with HG. It may be beneficial to test and treat for this infection if you are planning to become pregnant. Testing is highly recommended for women with a history of severe NVP or HG (the severe form of NVP).

***How can I get more information about NVP?***

The Motherisk Program in Toronto, Canada is an affiliate of OTIS and has a NVP Helpline dedicated to counseling and helping women with NVP. The NVP Helpline is toll-free anywhere in North America: **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**.*