

GYNAECOLOGY & OBSTETRICS UPDATE

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Gynaecology and
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Issue 5

will be on

Selective Oestrogen
Receptor Modulators
(SERMs)

NAUSEA AND VOMITING IN PREGNANCY

Nausea and vomiting are the most frequent, the most characteristic, and perhaps the most troublesome symptoms of **early pregnancy**. The causes of nausea in pregnancy are still unknown. The varieties of treatments that have been recommended reflect the multitude of theories about the underlying causes.

General Principles and Measures

Mild Cases

- Nausea and vomiting of early pregnancy are generally self-limiting and of short duration.
- They can be often managed without drugs: "*All drugs should be avoided in the first trimester whenever possible*".
- Women should be reassured that pregnancy outcome is not impaired by the presence of nausea and vomiting. Indeed it may reflect a better implantation resulting in higher than average hormone levels.
- They should be advised to take small frequent meals and to avoid large amounts of fluid and fatty and spicy food.

Severe and Prolonged Cases

- If the symptoms are severe or prolonged, drug treatment is often necessary.
- In severe or prolonged cases predisposing factors should be considered eg. Multiple pregnancy and vesicular mole (ultrasound scan is indicated).
- Other differential diagnosis should be also considered: urinary tract infection, appendicitis, gastro-enteritis, pancreatitis, gastrointestinal obstruction, etc..

Hyperemesis Gravidarum

- If the woman remains unwell despite simple measures and drug treatment, hospitalisation is warranted for I.V. fluids and further investigations. Clinical signs of dehydration and presence of ketonuria are the best guide for this and indicate the diagnosis of hyperemesis gravidarum (defined as persistent nausea and vomiting in the first trimester of pregnancy requiring hospitalisation).

Drug and Non-Pharmacological Measures

Antihistamines

- Their effectiveness has been demonstrated by clear evidence from controlled trials.
- They include Phenothiazine (**Stemetil**) and Cyclizine.
- They are considered to be safe during pregnancy. However there have been no major epidemiological studies to look for their adverse effects on the fetus.
- They sometimes provoke troublesome side effects such as drowsiness and blurring of vision.

Vitamin B6, Ginger and Acupressure at the Neiguan (P6) point in the wrist

- There are found to more effective than placebo in small studies but the data is insufficient to base a recommendation for practice.

Metoclopramide (Maxolon)

- Data on its effects on early fetal development are lacking.

References

- A guide to effective care in pregnancy & Childbirth (1998): Enkin, M et al
- Prescribing in pregnancy (1995): Rubin, P.