

# MANAGING

# NAUSEA & VOMITING OF PREGNANCY

Nausea and vomiting of pregnancy refers to **new symptoms** of nausea and vomiting while you are pregnant. **This is very common and affects up to 80% of pregnant people.** Nausea and vomiting of pregnancy can range from mildly distressing to debilitating.

Severe nausea and vomiting of pregnancy is called "hyperemesis gravidarum". Our handout "**Hyperemesis Gravidarum**" has more information about this condition.

## LIFESTYLE CHANGES

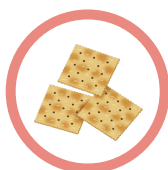
### GENERAL TIPS



eat small and frequent meals, with protein and bland foods



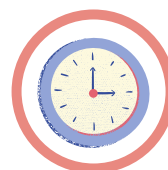
separate solids and liquids



keep crackers next to your bed, and eat them first thing in the morning before getting up



try chewing on ginger or drinking ginger tea



try to eat at regular time intervals to avoid an empty stomach, which can trigger nausea



P6 acupressure, acupressure wristbands (can purchase at drug stores)



Pay attention to what foods trigger your nausea and stick to that! In general, you can start with trying to avoid eating fatty, spicy, acidic, odourous, high fat foods.



Sometimes the iron supplement part of your prenatal vitamin can cause nausea. This happens before your iron needs increase. After speaking to your health care provider, you may be able to stop your prenatal vitamin and start folic acid supplementation.

### HYDRATION

It is important to stay hydrated, especially if you are vomiting.

Drink fluids **at least 30 minutes** before consuming solid food.

Drink **small amounts, frequently.**

**Cold, carbonated, or sour** fluids are generally tolerated.

You should go to the emergency department if you are unable to keep fluids/foods down for more than 12 hours, or if you feel dizzy while standing, have severe thirst, or feel like your heart is beating very quickly.

# WHAT IF LIFESTYLE CHANGES DON'T WORK?

## OVER THE COUNTER (OTC) OPTIONS



**Vitamin B6:** can help with mild-to-moderate nausea, but usually does not help with vomiting.



**Antihistamines:** can include dimenhydrinate (i.e., **Gravol**) or diphenhydramine (i.e., **Benadryl**), which help with mild-to-moderate nausea and vomiting. They are safe to take during pregnancy. Drowsiness can be a side effect.

## PRESCRIPTION MEDICATIONS THAT YOUR HEALTH CARE PROVIDER MAY SUGGEST

The first line prescription medication is a **combination of vitamin B6 and doxylamine** (i.e., **Diclectin**). We typically start with 2-4 tablets per day but can work upwards, as needed.

Some patients find this medication sedating. This medication is **not meant to provide immediate relief**, but rather, **regular use should prevent the occurrence or reduce the severity** of nausea/vomiting in general.

Other prescription medications may include:

- metoclopramide (i.e., **Maxeran**)
- phenothiazines (e.g., chlorpromazine, prochlorperazine, promethazine)
- gastric reflux medications (e.g., pantoprazole), and ondansetron (i.e., **Zofran**)

### DID YOU KNOW?

"Morning sickness" refers to nausea and vomiting during pregnancy – but the name is misleading! "Morning" sickness may happen at any time of day.



### Treatments to AVOID:

Marijuana/THC-containing products (and similar products such as CBD oils) have **not** been shown to be safe in pregnancy.

#### References

Smith JA, Fox KA, Clark SM. Patient education: Nausea and vomiting of pregnancy (Beyond the Basics). In: Connor RF, editor. UpToDate. Massachusetts (USA): Wolters Kluwer; 2024.  
Trottier M, Erebara A, Bozzo P. Treating constipation during pregnancy. Can Fam Physician. 2012 Aug;58(8):836-8.  
Campbell K, Rowe H, Azzam H, et al. The Management of Nausea and Vomiting of Pregnancy. J Obstet Gynaecol Can. 2016;38(12):1127-1137.

*This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.*

v.10.31.2024  
Tanen A, Shah N, Clarfield L, Aqib A, Shirreff L