**Gentle Beginnings Midwifery**

**Educational handout**

**Nausea & Vomiting in pregnancy (NVP)**

**What is morning sickness or nausea & vomiting in pregnancy (NVP)?**

Nausea and vomiting of pregnancy (NVP) is the most common medical condition in pregnancy, affecting up to 85% of women. It can range from mild to severe. These symptoms include nausea, retching and/or vomiting. Some women only have nausea in the morning, and others have nausea all day and night. NVP typically begins between 4 to 9 weeks of pregnancy and is usually the most severe between 7 to 12 weeks. For most women, NVP usually eases between 12 to 16 weeks. If your symptoms persist past 16 weeks, it is important to let your midwife know.

**What causes NVP?**

At this time, the causes of morning sickness are not known. The agent(s) responsible for morning sickness is/are most likely secreted by the placenta. Also, the increased levels of hormones in pregnancy can slow down digestion. This may result in heartburn, acid reflux and indigestion which can cause nausea and vomiting or make it worse.

**When should I be concerned?**

When morning sickness lasts all day and night, you may not be able to consume any food or liquids. You may not be able to keep down the nutrients your body needs for you and your baby.

\*\*\*Contact your midwife if you are not able to keep food or fluids down for a period of 24 hours or more or if the NVP continues past 16 weeks.\*\*\*

**Things that help!**

• Try to eat small amounts of food every 1 to 2 hours as this will help balance your blood sugar levels.

• Try not to eat or drink too much at one time.

• Don’t wait to be too hungry or too thirsty, as this may cause you to feel sick.

• Keep solids and liquids separate by drinking your fluids 20 to 30 minutes before and after you eat. When you eat and drink at the same time, your stomach may feel too full which may cause you to feel ill.

• Do not skip meals.

• Try to eat high-carbohydrate, low-fat foods and low-fat dairy products, as they are easier to digest.

• Try to add any source of protein to each meal and snack

• Try to eat bland, dry or salty foods

• Try to minimize or avoid spicy, fried and/or high fat foods.

• For extra nutrients or if you are unable to keep food down, you may add liquid supplements (protein or nutritional), puddings or bars.

• Try to increase your fluid intake to 2 liters (8 cups) daily. • Drink colder fluids, including ice chips, popsicles or slushies. They are easier to tolerate and will help maintain your hydration.

• To help increase your fluid intake and prevent getting dehydrated, you may add electrolytes (such as sports drinks, vitamin water or coconut water).

• Do not consume any alcohol.

• Many women become more sensitive to odors when pregnant. To help reduce strong smells, try eating foods at room temperature or cold instead of hot. You may also try to air out the house, walk outside to get some fresh air, as well as, sniff lemons, limes or oranges. Some may not even like specific smells. For example, women who love coffee may not like the smell of it when they are pregnant.

• Try candies, gums and lozenges.

• You may want to discuss with your health care provider other options for vitamins in the first trimester as the iron in the prenatal multivitamin may cause additional nausea, vomiting, upset stomach and/or constipation. If your iron level is normal, try to switch to a children’s vitamin or a multivitamin with lower iron and add folic acid. If you have low iron levels, you may try splitting the prenatal multivitamin and taking one half in the morning, and one half in the evening. Iron is very important for both mother and baby after 12 weeks of pregnancy.

• Symptoms of heartburn, reflux and/or indigestion are common in pregnancy and may aggravate your morning sickness.

• Lie down as needed, and get plenty of rest.

•Change position slowly. Get up slowly, especially when getting out of bed.

•Try not to brush your teeth right after eating.

**Medical and non-medical options for NVP**

**Non-Medical:**

* Vitamin B6 and ginger are most commonly used for morning sickness.
	+ Several studies have shown that up to 1000 mg/day of ginger (dried ginger root powder equivalent) does not increase pregnancy risks and may be effective for morning sickness. Ginger may not be helpful if morning sickness is severe and may worsen your symptoms if taken on an empty stomach. It comes in several forms including tablets, roots, lozenges, teas and soft drinks.
	+ The safety of vitamin B6 for morning sickness has been well researched and doses up to 200 mg/day may be taken during pregnancy, including all sources of vitamin B6 (medications and/or multivitamins). (25mg taken every 8 hours is a common regiment).
* Other alternative methods include acupuncture and acupressure (such as sea sickness or motion sickness bands), which may be safely used to treat morning sickness. These bands press on the P6 point on the wrist. This point can be found by placing three fingers on the inside of your wrist starting just below the palm.

**Medical:**

* In Canada, Diclectin® is a prescription product and the only medication specifically approved by Health Canada for morning sickness.
	+ It is a delayed-release combination of vitamin B6 (10 mg) and an antihistamine called doxylamine succinate (10 mg).
	+ Initially, two delayed release tablets are taken at bedtime. The dose may be increased to four tablets per day as needed for more severe nausea (one tablet in the morning, one tablet in the afternoon, two tablets at bedtime).
* Diclectin® can cause sedation, tiredness or dizziness. These symptoms may decrease or disappear after a couple of days, or after a week.
* \*\*\*Ask your midwife for more information on what would be appropriate for you. \*\*\*