

Nausea and Vomiting of Pregnancy

What is happening to me?

It is not clearly understood why nausea and vomiting of pregnancy (commonly referred to as morning sickness) occurs. Experts believe there may be a combination of factors that lead to nausea and vomiting of pregnancy (NVP).

This much is known:

- More than half of pregnant women experience NVP
- Usually begins between the first and second missed period
- Typically begins to ease by the end of the third month of pregnancy (but occasionally will last throughout pregnancy)
- Can occur anytime of the day and last a few minutes or many hours
- Does NOT mean there is something wrong with you or your baby

More than half of pregnant women experience NVP.

Obstetrical Homecare

Not all of these ideas will work for everyone. It is important to take it “one day at a time.” Together with your healthcare provider, you will learn how to best manage your symptoms. For most women, nausea and vomiting lasts only a short time. However, should you find your symptoms interfere with your work or daily activities, you should consider asking your physician about Alere’s services for NVP.

For more information, contact your physician or call Alere at 800-950-3963

Nausea and Vomiting of Pregnancy



The facts you need to know

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What causes NVP?

- Heightened sensitivity during pregnancy to smells, noise, motion and temperature.
- Hormones that are abundant during pregnancy may cause nausea.
- Changes in your digestion system related to pregnancy.
- Routine medications.

What can I do about NVP?

Morning sickness is variable in nature. Many things, such as sights, smells, noise, motion, temperature changes, etc. can affect the level of nausea. Finding out what triggers your symptoms and then making some changes as suggested below may help you feel better.

- Avoid or decrease sights, sounds, smells that produce symptoms.
- Get out of bed slowly – avoid sudden movements.
- Adjust room temperatures to a cooler setting.
- Go outside for some fresh air.
- Get adequate sleep and rest.
- Ask your physician about taking your prenatal vitamins/iron at bedtime.
- Avoid brushing your teeth immediately after eating.
- Avoid using a straw.
- Avoid anxiety producing situations that can lead to increased agitation and nausea.
- Practice relaxation techniques.
- Talk to your physician about unconventional measures (acupressure wristbands, acupuncture or hypnosis).
- Get help – ask friends or family to help out until you feel better.

What about eating and drinking?

- Eat small, frequent meals (every 2-3 hours).
- Carbohydrate foods such as crackers, toast, potatoes or cereal, tend to digest easily and can help ease nausea.
- Serve food either very warm or very cold.
- Avoid greasy or fatty foods.
- Try small amounts of a single food – add variety as you feel better.
- Avoid highly seasoned food – lightly season and salt to taste.
- Weak tea, ginger tea, very cold carbonated drinks, fruit juices, and crushed ice or ice-pops, may sit easier on your stomach.
- Try not to eat and drink at the same meal, sip fluids between meals.
- Sit upright after meals.
- Anything that you are craving can be eaten (within reason) but you should avoid spicy, fatty and greasy foods.
- Consider taste (salty, sweet, sour, bland, bitter) – one might be easier to tolerate than the others.
- Consider texture (soft, hard, smooth, lumpy, crunchy, wet, dry) – one might be more appetizing to you.
- Keep a food diary – you may find that eating certain foods at certain times of the day will help you break the cycle of NVP.



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Try small amounts of a single food and add variety as you feel better.

Are there other treatments?

Your physician might prescribe various treatment options:

- Dietary changes
- Medications
- Intravenous (IV) fluids to correct dehydration
- IV nutrition if necessary

What medications are used to manage NVP?

Several different medications are commonly prescribed to treat NVP. Your physician will discuss the risks and the benefits of these medications (called antiemetics). Some of the more common drugs are:

- Promethazine (PHENERGAN)
- Prochlorperazine (COMPazine)
- Trimethobenzamide (TIGAN)
- Metoclopramide (REGLAN)
- Ondansetron (ZOFran)

Depending on the drug, it may be given orally, rectally, by injection, in the vein (IV), or just under the skin in the tissues (SQ). Your doctor will decide if one of these, or the many other medications that are available, are safe and beneficial for both you and your baby.