

APEC Guidelines Nausea and Vomiting of Pregnancy

Classification

Category	Symptoms	Impact on daily activities/employment
Mild	Nausea <1 hr during the day	Little to none
Moderate	Nausea and vomiting up to twice in a day	Moderate
Severe	Persistent symptoms ≥6 hrs with ≥5 episodes of vomiting and retching per day	Significant: requires hospitalization for IV hydration

The incidence and severity of NVP has been shown to be lower in women who started taking prenatal care vitamins three (3) months before conception.

Symptoms of hyperemesis gravidarum (HG): persistent vomiting, dehydration, acid-base disturbance, weight loss of at least 5% prepregnancy weight, ketonuria, and electrolyte disturbances.

Management

- If NVP is impacting the patient's activities, some form of management should be initiated to prevent progression to HG.
- Administer medications on a scheduled basis with doses titrated to individual patient needs.
- Patients with severe NVP or HG require urgent medical care due to dehydration and malnutrition.
- After all other therapies have been considered and tried, enteral tube feeding and can be used in severe forms of HG.
- Total Parental Nutrition (TPN) is **not recommended**.
- A commercially fixed dose combination of doxylamine (antihistamine) and pyridoxine hydrochloride (Vitamin B6) is available for the treatment of nausea and vomiting of pregnancy. While the dosage is lower than non-fixed regimens, it may be more convenient for patient use. Medicaid preauthorization is required.

Pharmacologic Therapies

	Drug	Dosage	Route
Start with:	Vitamin B6	25-50mg 3 or 4 times/day	Oral
If no improvement add:	Doxylamine (Unisom)	12.6mg, 3 to 4 times/day	Oral
If no improvement add:	Promethazine (Phenergan)	12.5-25mg every 4 hrs	Oral or rectal
	OR		
	Dimenhydrinate (Dramamine)*	50-100mg every 4-6 hrs	Oral or rectal
If no improvement and no dehydration add:	Metoclopramide (Reglan)	5-10mg every 8 hrs	IM or oral
	OR		
	Promethazine (Phenergan)	12.5-25mg every 4 hrs	IM, oral, or rectal
	OR		
	Trimethobenzamide (Tebamide or Tigan)	200mg every 6-8 hrs	Rectal
If no improvement and dehydration add:	IV fluids	0.9% Saline OR 5% dextrose-0.9% saline	IV
	And		
	Dimenhydrinate (Dramamine)	50mg in 50ml saline over 20min every 4-6 hrs	IV
	OR		
	Metoclopramide (Reglan)	5-10mg every 8 hrs	IV
	OR		
	Promethazine (Phenergan)	12.5-25mg every 4 hrs	IV
If no improvement add:	Ondansetron (Zofran)	8mg IV over 15 min every 12 hrs	IV
If still no improvement:	Consult with MFM and consider transfer		

* Dimenhydrinate (Dramamine): Do not exceed 400mg/day; do not exceed 200mg/day if also taking doxylamine.