

Vomiting in pregnancy

Nausea and vomiting in pregnancy

- 85% suffer.
 - Starts 4-7/40.
 - Usually resolves by 10-16/40.
 - In 90% resolves by 16-20/40.
 - 1:100 suffer hyperemesis gravidarum

Disclaimer:
 Read the disclaimer at medimaps.co.uk/disclaimer

References:
 1. NIHR Signal Jan 2017
 2. Greentop guidelines 69, June 2016
 3. cks.nice.org.uk
 4. Common Gynaecological Conditions Leading to Referral, Redditch NHS, Oct 2018.
 5. Primary care conference, May 2019

Hyperemesis gravidarum

Symptoms

severe protracted nausea and vomiting associated with triad:

- >5% pre pregnancy weight loss.
 - Dehydration.
 - Electrolyte imbalance.

Symptoms

- Lethargy.
 - Depression.
 - Suicidal thoughts !

- Peptic ulcers.
 - Cholecystitis.
 - Gastroenteritis.
 - Hepatitis.
 - Pancreatitis.
 - UTI/pyelonephritis.
 - Metabolic conditions.
 - Neurological conditions.
 - Medication induced.

- Consider differentials.

Investigations

- Signs of dehydration.
 - Urine dip.
 - Weight.
 - PUQE score.

- Dry mucous membranes.
 - Tachycardia.
 - Postural hypotension.

- Ketone $\geq 2+$.

- Note: Ketonuria is NOT an indicator of dehydration and should NOT be used to assess severity.

Pregnancy-Unique Quantification of Emesis (PUQE)

Mild ≤ 6 ; Moderate = 7-12; Severe = 13-15.

In the last 24 hours, for how long have you felt nauseated or sick to your stomach?
 Not at all (1)
 1 hour or less (2)
 2-3 hours (3)
 4-6 hours (4)
 More than 6 hours (5)

In the last 24 hours have you vomited or thrown up?
 7 or more (5)
 5-6 times (4)
 3-4 times (3)
 1-2 times (2)
 I did not throw up (1)

In the last 24 hours how many times have you had retching or dry heaves without bringing anything up
 No time (1)
 1-2 times (2)
 3-4 times (3)
 5-6 times (4)
 7 or more (5)

PUQE 3-12 and not dehydrated

- PUQE ≥ 13
 OR
 - Cannot tolerate fluids or oral antiemetics
 OR
 - Urinary ketones $\geq 2+$

Management

- Refer to ambulatory obstetric day care.
 - IV fluids, antiemetics, thiamine.

if fails

- Inpatient management.
 - LMWH.
 - +/- steroids.

- Do not waste time and make the lady suffer by suggesting ginger etc !
 - Help her instead.
 - By all means mention lifestyle changes.
 - But if they have usually tried all those by the time they come to you.

- Avoid foods or smells that trigger symptoms.
 - Plain biscuits or crackers in the morning before getting up.
 - Bland, small, frequent meals low in carbohydrate and fat but high in protein.
 - Cold meals cause less nausea is smell-related.
 - Drink little and often rather than large amounts.

antihistamine phenothiazine serotonin 5HT3 dopamine antagonist

- Promethazine.
 - Cyclizine.
 - Cinnarizine.

- Prochlorperazine.

- Doxylamine+pyridoxine (Xonvea)

- Ondansetron

- Domperidone.
 - Metoclopramide.

- 2nd line as risk of extrapyramidal effects and tardive dyskinesia

- Fully licensed.

- 2nd line if other meds failed.
 - Ideally after 1st trimester.
 - In 1st trimester 11 vs 14 in 10,000 births orofacial cleft i.e. 3 extra cases.
 - But is that due to the severe vomiting or the medication?

- Chlorpromazine 10-25mg 4-6 hourly PO, IM. 50-100mg PR 6-8 hourly PR.
 - Cinnarizine.
 - Cyclizine 50mg 8 hourly PO, IM
 - Domperidone 10mg 8 hourly PO, 30-60mg 8 hourly PR.
 - Doxylamine 10mg + pyridoxine 10mg (Xonvea), 2ON, if needed can add 10M and 1 lunchtime.
 - Metoclopramide 5-10mg 8 hourly PO, IM (max 5/7).
 - Ondansetron 4-8mg 6-8 hourly PO (max 5/7).
 - Prochlorperazine 5-10mg 6-8 hourly PO, 12.5mg 8 hourly IM, 25mg PR once daily,
 - Prochlorperazine buccal 3-6mg BD.
 - Promethazine 12.5-25mg 4-8 hourly PO, IM, PR

Nottingham NHS
<https://www.nottsapc.nhs.uk/media/xbvlzqgx/nausea-and-vomiting-in-early-pregnancy.pdf>

1st line- Promethazine 25mg od-qds for 24 hrs. If no effect or not tolerated change to:

2nd line- Cyclizine 50mg tds for 24 hrs then add in or change to:

3rd line- Prochlorperazine 5-10mg tds PO or 3-6mg bd buccal (use oral, if not tolerated change to buccal before progressing on to next medication) for 24 hrs then stop cyclizine and add in:

4th line- Metoclopramide 10mg tds (5/7 max)