



Nausea and Vomiting in Pregnancy

I have severe nausea and vomiting. What can I do?

Nausea and vomiting is very common in pregnancy and affects 70-85% of women. Hormonal changes, emotional factors, and delayed emptying of the stomach can all contribute to these symptoms. These symptoms may occur any time of day or night.

We recommend eating small, frequent meals that combine protein and carbohydrates every 2-3 hours. You may also try eating a small, bland snack (such as crackers or toast) before getting out of bed in the morning. Limit fatty and spicy foods. Eat foods high in protein and B Complex: nuts, dried fruits, brown rice, peanut butter, cheese, etc.

Try eating something dry upon awakening such as toast or crackers. Instead of eating three large meals, try eating six smaller meals spaced evenly throughout the day. Eat your meals dry and wait 45 minutes before drinking fluids.

The American College of Obstetrics and Gynecology recommends Vitamin B6, 25 mg by mouth 3-4 times per day as the first line of treatment for nausea and vomiting. You may also add Unisom (doxylamine) 12.5 mg (1/2 tab) by mouth 3-4 times per day to the B6.

If you feel that your nausea is getting worse, try taking one Unisom tablet with one tablet of vitamin B6 (50 milligrams) twice daily for two days. If there is no improvement, this can be increased to three times a day for 2-3 days. You may even increase to four times a day if needed. You may remain on this indefinitely.

Prescription anti-nausea drugs are available if needed. Other remedies for nausea include Emetrol, Ginger (in the form of tea, root powder, capsules, or extract up to 1,000mg/day), Accupuncture, Accupressure wrist bands (Sea Bands), and B-Natals or Pregger Pops (available at Babies R Us).

If you feel your nausea is out of control, call the office.

Please call our office for significant weight loss or if unable to keep liquids down for 24 hours.