

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

Symptoms of hyperemesis gravidarum (HG): persistent vomiting, dehydration, acid-base disturbance, weight loss of at least 5% pre-pregnancy 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.