



Healthy  
**Pregnancy**  
SUMMIT



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## Morning Sickness, Nausea Prevention And Treatment

### SUMMARY KEYWORDS

pregnancy, women, symptoms, nausea, morning sickness, vomiting, occur, medications, treat, early, treatment, vitamin b, pregnant, severe cases, oftentimes, bit, obstetrics, worsening, babies, obstetricians

00:00

Welcome to our session on treating morning sickness sickness. My name is James Adams and with me is David Hass. He's a professor of obstinate obstetrics and gynecology at Indiana University. And he's the Vice Chair for research there. David has been the leader of many different research studies including a large study called the new mum to be study involving over 10,000 pregnancy is an eight University Hospitals across the US. It's a great researcher but also a physician and medical doctor. David, thanks so much for joining us today.

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You're welcome. I'm happy to be here.

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David, can you tell us a little bit more about your background, your research and your experience working with women during pregnancy?

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Sure. As you mentioned, I do still take care of pregnant women and non pregnant women and deliver babies and and really a lot of my research stems from trying to answer questions about why we do certain things all In an effort to improve patient outcomes and have happy moms and happy babies at the end of the day, and so we've done a lot of randomized trials,



particularly in medication use in pregnancy, where we're trying to make sure that medications are safe to use, and that they're also effective in the condition that we're giving them for. In addition to the study that you mentioned, we've done a lot of other work, including a lot of work that I do internationally with the Cochrane Collaboration, which is really dedicated to advancing evidence based medicine and the pregnancy and childbirth group. We have a United States satellite center here, that I'm one of the CO directors for what we're trying to really get more evidence based practices into the obstetrics and women's health communities here in the United States.

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And that's so great that you're doing research on how to make pregnancies better for women, and for their better outcomes for their children. So let's talk about one particularly important topic today, which is Morning sickness or nausea and vomiting. Can you tell us a little bit about what are some of the possible causes of that?

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Sure, morning sickness or nausea vomiting of pregnancy affects the majority of pregnant women between 50 to 80% of women will develop these symptoms. And we really don't know what the cause is.

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We have never

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pinpointed it there are several theories about what may cause it from hormonal changes in the early part of pregnancy to various evolutionary adaptations that may have occurred over time. We do know that there are certain risk factors, women who have multiple gestations like twins or triplets, folks who have a history of migraines, particularly when they have nausea associated with those. And if you have really severe nausea and vomiting of pregnancy in a previous pregnancy, it does predispose you to having it in subsequent pregnancies.

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Yeah, so we still have a lot to learn about it. What are some of the typical symptoms that you see during pregnancy?

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So as you mentioned, it oftentimes is referred to as morning sickness. And so we oftentimes will see these symptoms come up first thing in the morning and early in the day. And what we have



found though, is that they can occur anytime during the day. Most of the time it's nausea, but oftentimes that can be followed or accompanied by vomiting or retching kind of symptoms.

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Yeah, so important for people to recognize can occur throughout the day. And when during the pregnancy, the symptoms usually start and how long during the pregnancy do they typically last for

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sure, they typically will start in the first trimester, mostly less than about nine weeks of gestation. So typically, that means in the first month after a woman has missed her period and finds out that she's pregnant, and most of the symptoms are confined to the first trimester, ending around the 12 to 14 weeks. Pregnancy mark. However, there are some women that it does carry through later in pregnancy. And we have some women who suffer with nausea and vomiting of pregnancy for most of their entire pregnancy.

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That can be really difficult for them, I'm sure. Does the symptoms tend to be worse earlier on and then improve as time goes on? Or does it vary a fair bit?

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Typically, they improve as time goes on. But there's a real variable characterization of these symptoms. And there's really hard to pinpoint one particular pattern because each woman is different, and how they react and respond to this condition is different.

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So maybe you give us an example of a mild case and then maybe a more typical case, and then maybe an example of a more severe case. What might those look like?

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Sure. So mild cases oftentimes will be when a woman wakes up early in her pregnancy and she may have some nausea. She may not be able to tolerate breakfast. She may vomit a little bit in the morning. But as the day goes on, she feels much better. And she's able to tolerate liquids and solid foods later on in the day. And this is a woman who generally impacts a little bit early in the day, but not later, she doesn't lose weight, everything progresses otherwise normally. Then the moderate cases are ones that may last for a large part of the day, but they're not severe enough that a woman is not able to keep most things down. She's able to take in liquids, whether it's, you know, having some kind of electrolyte drink to keep all of her electrolytes up, and usually some soft or solid bland kinds of foods. The severe case which we term



hyperemesis gravidarum, only occurs in one or 2% of pregnant women, but it can be very severe. These are women who can't keep anything down solids or liquids. They end up producing a lot of saliva and so they spit a lot at just to help compensate for That stomach acid that keeps coming up with all of the vomiting and retching. And these are women who can have other metabolic disturbances, meaning they have signs of severe dehydration, and that can impact other organ systems like their kidneys and other things. And these are the real severe cases where oftentimes these women have to come into the hospital if we can't get medication to help relieve some of these symptoms so that they don't get severely dehydrated.

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Okay, that right? Just so striking what a range of symptoms can occur. And women are lucky if they just the typical case is very severe cases luckily are rare, but they have to be aware can occur. Well, in terms of first pregnancies, how likely are the symptoms to occur, they more likely to occur during an adverse pregnancy.

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While they occur so frequently that it's hard to say that they're more or less likely since they occurred more than Half of the pregnant women. And we know that if it happens once more than half of those women are going to have it recur again. So it's pretty much a high risk factor just to be pregnant, whether it's your first or subsequent pregnancy. And we do see some women who don't really have bad morning sickness in their first pregnancy, that then do get it in a subsequent pregnancy and we're not quite sure why.

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So if you're lucky with your first pregnancy, you may or may not be lucky with the next. Absolutely.

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But if you have a moderate or severe case with your first pregnancy, is that what more likely to be the case in future Do you think it is and there has been some studies that have actually tried to look at women who have had really severe nausea and vomiting or hyperemesis with their first pregnancy? And can we kind of prophylactically treat them with something very early in their next pregnancy to keep it from getting bad? And some of those studies have shown that there are some things that we might Be able to do to help improve that in the in the second pregnancy.

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Well, that leads up to my next question, I think the thing most women really want to know is



what can they do to reduce the risk of these, this these symptoms occurring? Or what can they do? When the symptoms do occur? How can they treat it? What should they do?

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That's a great question. And the good news is we actually do have some things that can help. And they may not help all women, but they can help a large percentage of women. There are some studies that have really shown that if you take a prenatal vitamin and the month before you get pregnant, you have a lower risk of having morning sickness. So some of these things to help treat it are more in the prevention realm. So if you're thinking about getting pregnant, or you're having behaviors that might lead to pregnancy then you should take a prenatal vitamin because that will help not only with morning sickness, but with a host of other things. Then if you do get pregnant and you're not taking a prenatal Vitamin you should start one. But then also vitamin B six has been shown to help with prevention. There are other things that sometimes will trigger women with morning sickness, there may be certain tastes or certain smells, spicy foods, other kinds of foods. So avoiding those triggers. Sometimes there's people who will recommend eating frequent small meals, although the data are not really great that that reduces nausea and vomiting. There's also a large amount of literature out there on ginger as a supplement that can reduce nausea symptoms but doesn't really have a big effect on vomiting or retching. And then there's a lot of non traditional things like acupressure, which can reduce nausea and vomiting of pregnancy. If it does get worse though, we have medications that can be used in addition to vitamin B six, to treat and to really get at these symptoms on the early side. While they're mild, because we do know that delaying the therapy and the treatment, no matter what you choose to use for that treatment, delaying can just lead to worsening of the symptoms, it doesn't always go away and get better. And we know that this has a major impact on a woman's life and a family's life. Because if you're throwing up a lot, whether it's early in the day, late in the day, all day long, that impacts your ability to work to take care of other kids to do your normal activities of daily living. And there's a lot of lost productivity from this. So it's something we need to really get a handle on. And in the past, people were very afraid of treating a lot of things. And the problem is that it led to worsening outcomes when we don't tackle this early.

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Sure. And so it's it's exciting to hear that just by starting with a prenatal a month or so prior to pregnancy that can help reduce the risk. That's, I think Important when the risk is so high 50 to 80%. And then you set mentioned that if those symptoms do occur then trying with vitamin B six, my impression is the dosing needs to be a bit higher than the RTA usually around 10 milligrams or more is what would you recommend or do you have a favorite tosun?



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Yeah, usually it's 10 milligrams or more. There's there are some treatment guidelines that the American College of Obstetricians and Gynecologists put out. In terms of medication therapy for nausea and vomiting. There's a practice bullet and then was just updated recently, that all the OBGYNs and women's health practitioners who are members of a cod get this on a routine basis. And really, it talks about a stepwise approach to prevention and then to treatment. And with vitamin B six, you can also combine that with doxylamine, which is an anti histamine kind of a medication, which has been demonstrated to be very effective at Treating early symptoms. So that's sort of the first line treatment is vitamin B six with or without the doxylamine.

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So it's great that women should know they don't have to suffer through this necessarily, they can try to prevent it. And if they do have symptoms, start with B six and also talk with their doctor about other treatments to consider is the next step. And that especially if the symptoms worsen, that there are more additional treatments, they can consider them.

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Absolutely, there's a we have a whole host of different classes of medications, which when you look at risks and benefits of treatment, they have relatively good safety profiles for women and they're developing babies. And so we've got a lot of different things we can try because this is not a cookie cutter type of a therapy where one drug works for everybody. Unfortunately, different women respond differently to different medications. And so we have a lot of things we can try and in a lot of women when they can Come in, we see them and they just haven't kept anything down for a few days and they're dehydrated. And they need IV fluids. And sometimes when it's in the severe cases, they need to be admitted to the hospital, whether it's for a day or two, or sometimes longer because they're so malnourished, they've lost 10% of their body weight, they've lost a lot from dehydration, their kidneys are showing effects. And so we really need to get that treated on the front end as much as possible. And sometimes people need extra nutrition through a feeding tube sometimes, sometimes they need it through their IV. There's a lot of ways we can give someone nutrition to support them and they're developing baby.

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Right I mean, it's so important as you say that their need increased nutrition during their pregnancy to begin with. So after losing some of that critical nutrients through nausea, causing them not to want to eat through vomiting and then especially the dehydration. They can occur longer term that can be very serious. So it's important for women to know not to suffer. But talk with her doctor early on. It's very exciting. As you say, I love that article you shared with me by



the American College of Obstetricians and Gynecologists is the major group on their recommendations that they've distributed to ob gyn across the country about how to treat in different stages, starting with milder things to do to try to prevent it and an additional step. So women should have confidence that doctors can help them in many cases with these difficult symptoms.

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Definitely.

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Great. Well, thank you so much for your time. You've been a wealth of information. Is there any other information you'd like to share about this?

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I think the main thing is just highlighting what you said there is not a need to necessarily suffer with this. If it's having an impact on your life. Then we have things that help you out. And we have things that are medications, we have Things that are not medications, things that are vitamins that are very safe that can really help a woman out. So we just encourage you to get care early in pregnancy.

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Well, that's great. And I hope that with all the research you're doing, you continue to learn more about how to make pregnancy safer and healthier. And maybe even we'll be able to do some research on how to reduce the risk of nausea and how to better treat it. So be fantastic.

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Thank you very much.

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Thank you very much for your time.

