

**Taylor Blazina | 10/12/2021**

**Evaluation and management of nausea and vomiting**

**1. Definition or Key Clinical Information*:***  *Nausea and vomiting are a potential side effect to the hormones that the body produces during pregnancy. Nausea and vomiting during pregnancy (NVP) affects up to 70% of birthing individuals (Fejzo, 2019). Some people may experience only nausea, while others may experience both. When vomiting is incessant enough that it causes weight loss, it is classified as hyperemesis gravidarum. This practice guideline will cover NVP but will not go into detail on HG. This will be done on a separate guideline.*

**2. Assessment**

**i. Risk Factors** *NVP can lead to poor nutritional intake and dehydration. It can make daily life challenging and can cause the birther to feel isolated.*

**ii. Subjective Symptoms** *Loss of appetite, acid reflux, nausea, vomiting ranging from certain times of the day to all day, fatigue, headache, weakness, decreased urination, dry mouth.*

**iii. Objective Signs** *Signs of nutritional deficiency, dark urine, vomiting (if it takes place while the provider is present), signs of dehydration (rapid pulse, lack of skin elasticity, dry/cracked lips).*

**iv. Clinical Test Considerations** *A blood panel can be used to identify any deficiencies within the body that may contribute to NVP. Blood can also be used to assess hydration levels. A urinalysis can be conducted as well to test for level of hydration.*

**3. Management plan**

**i. Therapeutic measures to consider**  *Anti-nausea medications (e.g Zofran) are available through a client's PCP, IV fluids are available to assist in fluid loss from vomiting.*

**ii. Complementary measures to consider**  *Increase protein intake to assist in warding off nausea, the use of bitters to ease stomach upset (confirm with provider that they are pregnancy safe, not all bitters are), aromatherapy (e.g. peppermint oil, chamomile, lavender), consuming bone broth, take enzymes with a meal to assist in the breakdown of the food.*

**iii. Considerations for pregnancy, delivery and lactation** *The biggest concern with NVP is dehydration. Dehydration can be very physically taxing on both the birther and the fetus. If the birther is not properly hydrated this can lead to neural tube defects,* [*low amniotic fluid*](https://americanpregnancy.org/pregnancy-complications/oligohydramnios/)*, inadequate breast milk production, and even* [*premature labor*](https://americanpregnancy.org/labor-and-birth/premature-labor/) *(American Pregnancy Association, 2021).*

**iv. Client and family education** *It is important that clients understand the connection between low blood sugar and nausea. It seems counterintuitive to eat when feeling nauseous but it is helpful in warding off nausea spells. If the birthing person experiences extended periods of vomiting, it is important to understand how to appropriately hydrate to compensate for the fluid loss. There are ways to do this besides just drinking water. Provide clients with handouts regarding nutrition and supplementation during pregnancy to give them an idea of foods and liquids that they can consume to stay hydrated and nutritionally replenished. Also provide clients with handouts discussing how to combat nausea.*

**v. Follow-up** *If a patient is experiencing severe NVP, check weight and blood/urine frequently to assess for dehydration and/or weight loss.*

**4. Indications for Consult, Collaboration or Referral** *Referrals for clients experiencing NVP would be appropriate should dehydration become a concern and if weight loss is experienced to levels that are not safe for sustaining a pregnancy. Should these situations occur, referring to an OBGYN would be appropriate as this would consider the patient’s pregnancy high-risk.*

**5.References**

*American Pregnancy Association. (2021, July 16). Dehydration During Pregnancy.* [*https://americanpregnancy.org/womens-health/dehydration-pregnancy/*](https://americanpregnancy.org/womens-health/dehydration-pregnancy/)

*Amouzeshi, Z., Safajou, F., Soltani, N., Taghizadeh, M., & Sandrous, M. (2020). The effect of combined inhalation aromatherapy with lemon and peppermint on nausea and vomiting of pregnancy: A double-blind, randomized clinical trial. Iranian Journal of Nursing and Midwifery Research, 25(5), 401. https://doi.org/10.4103/ijnmr.ijnmr\_11\_19*

*Fejzo, M. S. (2019, September 12). Nausea and vomiting of pregnancy and HG. Nature Reviews Disease Primers.* [*https://www.nature.com/articles/s41572-019-0110-3?error=cookies\_not\_supported&code=6dec3c27-0163-4a71-8f3a-bbc11ff56db9*](https://www.nature.com/articles/s41572-019-0110-3?error=cookies_not_supported&code=6dec3c27-0163-4a71-8f3a-bbc11ff56db9)

*Parker, S. E., van Bennekom, C., Anderka, M., & Mitchell, A. A. (2018). Ondansetron for Treatment of Nausea and Vomiting of Pregnancy and the Risk of Specific Birth Defects. Obstetrics & Gynecology, 132(2), 385–394. https://doi.org/10.1097/aog.0000000000002679*