



## Management of Nausea and Vomiting of Pregnancy (NVP)

Nausea and vomiting of pregnancy (NVP) affect up to 80% of pregnant women and should be diagnosed only when the onset is in the first trimester of pregnancy, and other causes of nausea and vomiting (e.g., urinary tract infection) have been excluded. If the initial onset is after 10+6 weeks of pregnancy, other causes need to be considered.

Hyperemesis Gravidarum (HG) is a severe and intractable form of nausea and vomiting of pregnancy, which affects 0.3-3.6% of pregnant women, where there is triad of >5% pre-pregnancy weight loss, dehydration and electrolyte imbalances. Nutritional deficiencies may result, and very severe cases can develop renal and/or hepatic dysfunction. Reported recurrence in subsequent pregnancies varies from 15-80%. It typically starts between the fourth and seventh weeks of pregnancy with peak incidence at 9 weeks and symptoms usually resolve by 20 weeks in 90% of patients.

### History

- Previous history of NVP/HG.
- Associated symptoms to exclude other causes such as urinary symptoms, abdominal pain, diarrhoea, vertigo or drug history (refer to table below).
- Impact on mood and emotional wellbeing, how she is coping, support available, and impact on daily functioning and quality of life, work, home, caring for others, and social activities.
- Any co-morbidities such as diabetes mellitus or chronic kidney disease (CKD), where symptoms may increase the risk of complications such as DKA or AKI.
- Determine severity using Pregnancy-Unique Quantification of Emesis (PUQE) score:

| PUQE-24 scoring system  | 1                      | 2                  | 3             | 4             | 5                     |
|---|------------------------|--------------------|---------------|---------------|-----------------------|
| 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?   | I did not throw up (1) | 1-2 times (2)      | 3–4 times (3) | 5–6 times (4) | 7 or more times (5)   |
| 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 times (5)   |

Total score indicating severity of symptoms is the sum of replies to each of the three questions: mild <= 6; moderate 7–12; severe 13–15

### Physical Examination

- Respiratory rate, Pulse, Blood Pressure, Temperature and Oxygen Saturations
- Abdominal examination
- Weight
- Signs of dehydration – decreased skin turgor; postural changes in blood pressure and pulse
- Sign of muscle wasting

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## Possible other causes

|                          |  |
|--------------------------|--|
| Genitourinary            | Urinary tract infection / pyelonephritis   |
| Gastrointestinal         | Gastritis, Reflux oesophagitis, Gastroenteritis, Peptic ulcer, Bowel obstruction, Hepatitis, Cholecystitis, Pancreatitis |
| Endocrine                | Diabetes, Hyperthyroidism, Addison's Disease, Hypercalcaemia   |
| Drug-induced             | Antibiotics, Iron supplementation, Opioids   |
| Neuro-vestibular disease | Labyrinthitis, Benign Positional Vertigo   |
| Psychiatric illness      | Depression   |

## Management

- **PUQE Score 3-12 (Mild-Moderate): Community management, give dietary and lifestyle advice, and anti-emetics (see table below)**
- **PUQE Score >13 (Severe): refer to hospital**

**Other criteria for referring to hospital:** Vomiting > 24hrs and unable to maintain adequate oral hydration at home for 12hrs or more, evidence of dehydration.

### Non -Pharmacological interventions:

- Ginger may be used as an adjunct to anti-emetics or by women wishing to avoid antiemetics in mild to moderate NVP.
- Acupressure and Acupuncture: Women may be reassured that it is safe in pregnancy such as over the P6 point (2.5 finger breadths up from the wrist crease on the ventral aspect of the wrist) using a wrist band or finger pressure.
- Withhold non-essential medications associated with nausea & vomiting e.g. oral iron.
- **Offer advice on sources of information and support**
  - The NHS leaflet ([www.nhs.uk](http://www.nhs.uk)) [Vomiting and morning sickness](#).
  - The Royal College of Obstetricians and Gynaecologists (RCOG, [www.rcog.org.uk](http://www.rcog.org.uk)) leaflet [Pregnancy sickness \(nausea and vomiting of pregnancy and hyperemesis gravidarum\)](#).
  - Pregnancy sickness support ([www.pregnancysicknesssupport.org.uk](http://www.pregnancysicknesssupport.org.uk)) — a UK charity that provides peer support, a helpline, web chat, and patient information on self-help techniques and treatments available.
  - The UK Teratology Information Service (UKTIS, [www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org)) patient information [Treating nausea and vomiting in pregnancy](#).

## Anti-emetic medication

|  | Antiemetic   | Dose   | Prescribing info (see BNF and SPCs for full info)  |
|--|--|--|--|
| <b>First-line options</b>  | <b>Cyclizine</b>   | 50mg tablet 8-hourly.  | <i>Preferred first-line option due to cost-effectiveness.</i>  |
|  | <b>Doxylamine succinate and pyridoxine hydrochloride</b> 10 mg/10 mg gastro-resistant tablets (Xonvea®) [licensed] | 2 tablets at night.<br>If NVP not controlled after day 2, increase to 1 tablet in the morning and 2 tablets at night.<br>If NVP not controlled after day 3, increase to 1 tablet in the morning, 1 tablet in the afternoon and 2 tablets at night.<br>Maximum dose is 4 tablets/day. | <i>When this is no longer required, dose should be tapered down gradually to prevent a sudden return of NVP.</i>   |
|  | <b>Promethazine</b>  | 25mg tablets or 5mg/5ml oral solution sugar free: 12.5-25mg 4-8 hourly.  |  |
|  | <b>Prochlorperazine</b>  | 5mg tablets: 5-10mg 6-8 hourly;<br>3mg buccal tablets: 3-6mg 12-hourly.  | Dose recommended is as per RCOG guidelines   |
|  | <b>Chlorpromazine</b>  | 10mg & 25mg tablets or 25mg/5ml oral solution: 10-25mg every 4-6 hours.  |  |
| <b>Additional options:<br/>Reserved for when first line options are not effective or not tolerated</b> | <b>Ondansetron</b>   | 4mg tablets or orodispersible tablets: 4-8mg 6-8 hourly.<br>Should not be prescribed for longer than 5 days.   | <i>Recent studies found small risk of 3 cleft palates in every 10,000 women that used Ondansetron in the first trimester. Should be avoided in first trimester if possible; otherwise, full informed consent with documentation is needed.</i> |
|  | <b>Metoclopramide</b>  | 10mg tablets: 10mg 8 hourly (Reduce dose to 5mg in patients <60kg (0.5 mg/kg body weight in 24 hours).<br>Maximum 5 days' duration.  | <i>There may be extra-pyramidal side effects and oculogyric crises with metoclopramide.</i>  |

**If three first line options and one additional option are ineffective then refer for specialist advice.**

#### **Follow-up**

- Review the need for ongoing treatment and advise on gradually reducing and stopping medication when symptoms improve, depending on clinical judgement.
- It may be possible to stop antiemetic medication at around 12–16 weeks of pregnancy when symptoms have usually improved.
- Gradually tapering the dose may reduce the risk of symptoms recurring.
- Consider the following for all people:
  - Histamine type-2 receptor blockers or proton pump inhibitors if women develop gastro-oesophageal reflux symptoms.
  - Thiamine supplementation in those with severely reduced dietary intake.
  - Laxatives if required for constipation.

**Consider arranging hospital admission if the woman has persistent moderate-to-severe nausea and vomiting and:**

- Suspected hyperemesis gravidarum despite oral antiemetic treatment.
- A suspected severe or serious complication.
- Symptoms are not controlled with management in primary care.
- Is unable to tolerate oral antiemetics, oral fluids or other necessary oral drug treatment, such as antibiotics for a urinary tract infection or usual medication for comorbid conditions.
- There is evidence of clinical dehydration.
- There is weight loss of greater than 5% of body weight.
- There are concerns regarding mental health.
- The PUQE score is greater than 13.

**Contact details for advice prior to considering admission:**

[Early pregnancy | Frimley Maternity Health and Care](#)

#### **References**

1. RCOG Greentop Guideline No. 69 'The management of nausea and vomiting of pregnancy and hyperemesis gravidarum' (June 2016) <https://www.rcog.org.uk/media/y3fen1x1/gtg69-hyperemesis.pdf>
2. NICE 'Nausea/vomiting in pregnancy' NICE Clinical Knowledge Summary (2018) <https://cks.nice.org.uk/topics/nausea-vomiting-in-pregnancy/>
3. Matthews A, Haas DM et al. Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Syst Rev* 2015; (9): CD007575. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007575.pub4/full>