**Table I. Selected Agents Used to Treat Nausea and Vomiting of Pregnancy**

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| **Agent** | **Dose** | **Efficacy of treatment of nausea and vomiting of pregnancy** | **Adverse Effects**  **Notes** | **FDA† Category** |
| **Vitamin B6 (pyridoxine)** | 10-25 mg PO tid-qid.  Available OTC‡ | RCT\* indicate effective as first-line treatment | No increased risk of fetal malformations | A |
| **Antihistamines** |  | RCT indicate effective | Sedation. No increased risk of fetal malformations |  |
| Doxylamine (Unisom SleepTabs) | 12.5-25 mg PO tid-qid OR  12.5 mg qam prn, 12.5 mg qafternoon prn, 25 mg qhs  Max dose 80 mg/day |  | OTC  Canadian Diclectin extended release combines 10 mg doxylamine+10mgVitaminB6 with dosing 1/1/2 tabs daily;  May be compounded in US | A |
| Dimenhydrinate (Dramamine) | 50-100 mg PO/PR q4-6 hrs OR  50 mg IV (in 50 ml saline, over 20 minutes) q6 hrs  Max 400 mg daily  Max 200 mg daily if patient also taking doxylamine |  |  | B |
| Diphenhydramine (Benadryl) | 25-50 mg PO/IV q6-8 hrs | No RCT |  | B |
| Hydroxyzine (Atarax, Vistaril) | 50 mg PO q4-6 hrs | RCT indicate effective |  | C |
| Meclizine (Bonine) | 25 mg PO q6 hrs | RCT indicate effective |  | B |
| **Phenothiazines** |  | RCT indicate effective | No  known increased risk of malformations |  |
| Prochlorperazine (Compazine, Bukatel) | 5-10 mg PO/IV q6-8 hrs  25 mg PR/day |  | Buccal (Bukatel) less sedating than PO | C |
| Promethazine (Phenergan) | 12.5-25 mg PO/PR/IM/IV q4 hrs |  | Avoid IV administration if possible due to association with tissue damage | C |
| Chlorpromethazine | 10-25 mg IM q4-6 hrs OR  50-100 mg PR q6-8 hrs OR  25-50 mg IV q4-6 hrs |  |  | C |

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| **Dopamine antagonists** |  |  | No known malformations |  |
| Metoclopramide (Reglan) | 5-10 mg IM/PO/IV q8 hrs | RCT indicate as effective as promethazine | Avoid use > 12 wks due to increased risk of tardive dyskinesia | B |
| Trimethobenzamide (Tigan) | 200-300 mg PO/PR Q6-8 hrs | RCT indicates effective |  | C |
| Droperidol (Inapsine) | 0.5-2.5 mg IM/IV q3-4 hrs |  |  |  |
| **5-Hydroxytryptamine3-receptor antagonist** |  |  |  |  |
| Ondansetron (Zofran) | 4-8 mg PO/IV (over 15 minutes) q6-8 hrs OR 1mg/hr continuous infusion up to 24 hrs | RCT indicates as effective as promethazine for vomiting; not as effective for nausea | No known malformations, but safety undetermined especially during first trimester | B |
| **Glucocorticoids** |  |  |  |  |
| Methylprednisolone (Medrol) | 16 mg PO/IV q8 hrs, x 3 days.  Taper over 2 weeks to lowest effective dose.  Limit total use to 6 wks. | RCT indicate mixed effects on hospital readmission rates; responders show improvement within first 3 days of therapy | For use as last resort. Avoid use before 10 wks gestation due to 3-4X increased risk of clefts. Serious maternal adverse effects if used for more than 6 wks | C |
| Prednisolone | 40-60 PO daily, taper by halving dose q3 days |  | For use as last resort. Avoid use before 10 wks gestation due to 3-4X increased risk of clefts. Serious maternal adverse effects if used for more than 6 wks |  |
| **Alternative/Complementary Therapies** |  |  |  |  |
| Ginger extract | 125-250 mg PO qid | RCT indicate effective treatment | Uncommon, mild gastrointestinal side effects, (heartburn).  No known teratogenic effects.  OTC. Not regulated by FDA. | C |
| Acupuncture at P6 point |  | Mixed results in RCT |  |  |
| Acupressure (Sea-Band, Bioband) |  | Mixed results, no blinded studies, may be significant placebo effect |  |  |
| Hypnosis |  | Uncontrolled studies indicate possible benefit |  |  |

†FDA denotes Food and Drug Administration. ‡OTC denotes over the counter. \*RCT denotes randomized controlled trial(s).

Adapted from: The American College of Obstetricians and Gynecologists (ACOG).  ACOG Practice bulletin number 52, Nausea and vomiting in pregnancy.  Obstetrics and Gynecology 103 (4): 803-815; Niebyl JR. NEJM. 2010;363(16):1544-1550. Jueckstock et al. BCM Medicine. 2010;8:46. Ebrahimi N et al. Int J Women’s Health. 2010;2:241-248.