

How to Survive Morning Sickness Successfully



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Be prepared – morning sickness affects up to 85% of pregnant women.

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MOTHERISK
TREATING THE MOTHER –
PROTECTING THE UNBORN

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Congratulations, you are pregnant!



You have waited for this pregnancy. You wanted to enjoy every second of it. You never thought it would be like this.

You heard from your friends that it is a morning thing, so why do you also throw up at 6 p.m. or continue to feel nauseated throughout the day and sometimes during the night? Your sister told you it would go away by three months of pregnancy. So why doesn't it get any better by five months?

Morning sickness, also called Nausea and Vomiting of Pregnancy (NVP), affects up to 85% of pregnant women. **Even though the severity varies from one woman to another, morning sickness is very common in pregnancy.** Some women are still told it's all in their head and that they can overcome morning sickness by changing their attitude.

After counseling thousands of women from Canada, the USA, Australia, Israel and many other countries worldwide for over 17 years, we decided to create this booklet. This booklet contains information for women who are planning a pregnancy and women who are currently pregnant. There is also information for partners, friends and family.

What is the best way to find something in this booklet? You can read it from start to end. Or you can look up topics in the index. Medications are listed by their medical names, as well as their common names.

We wish you a happy and healthy pregnancy,

Gideon Koren

Gideon Koren, MD, Director, The Motherisk Program

What is morning sickness?



Morning sickness, or Nausea and Vomiting of Pregnancy (NVP) is a common condition affecting up to 85% of pregnant women. Morning sickness affects women differently, ranging from mild to severe symptoms. These symptoms include nausea, retching and/or vomiting. Some women only have nausea in the morning, and others have nausea all day and night. Morning sickness typically begins between 4 to 9 weeks of pregnancy and is usually the most severe between 7 to 12 weeks. For most women, morning sickness usually eases between 12 to 16 weeks. For some women it continues for several weeks or months, and a few women suffer throughout their entire pregnancy.

The most severe form of morning sickness is known as hyperemesis gravidarum (HG)

affecting less than 2% of women. This is when a woman has constant and severe nausea and vomiting resulting in weight loss and dehydration. To relieve symptoms, women are admitted to hospital, receive intravenous (IV) fluids and IV medications.

Usually, morning sickness symptoms start before 10 weeks of pregnancy. If nausea and vomiting begin for the first time at or after 10 weeks of pregnancy, or if your morning sickness returns, talk to your health care provider. The symptoms may be due to other causes (see page 4).

What causes morning sickness?



At this time, the causes of morning sickness are not known. The agent(s) responsible for morning sickness is/are most likely secreted by the placenta. Morning sickness is more severe in twin pregnancies with more than one placenta and in conditions where the placenta is too big. Some women say that their symptoms go away the minute the placenta is delivered. Other factors include genetics, previous history of HG and carrying a female fetus.

Also, the increased levels of hormones in pregnancy can slow down digestion. This may result in heartburn, acid reflux and indigestion which can cause nausea and vomiting. As well, a bacterial infection in the gut caused by *Helicobacter pylori*, may worsen or seem like morning sickness. However, this infection is not always found in women suffering from morning sickness.

What makes morning sickness worse?



The severity of morning sickness is different for each woman. There are many factors that may cause morning sickness or make it worse.

The following are associated with more severe morning sickness:

- A multiple pregnancy (twins, triplets etc.)
- A placenta that is too big
- Molar pregnancy (a rare, abnormal, non-viable pregnancy)
- Certain thyroid problems (such as hypothyroidism/hyperthyroidism)
- Certain digestive problems (such as heartburn, acid reflux, Crohn's Disease, Ulcerative Colitis, gastritis, ulcers)
- Stress, depression and other psychological conditions
- Certain viral or bacterial infections (such as cough and cold, flu, urinary tract infection, sinus infection, ear infection)
- Active migraines or headaches
- *Helicobacter pylori* infection
- Diabetes or gestational diabetes
- Obesity
- High blood pressure
- Untreated and/or poorly managed health conditions



Women who have had several pregnancies tend to suffer more. Women with severe nausea with or without vomiting or HG (see page 2) in a previous pregnancy have a 75 to 85% chance of having severe morning sickness in a future pregnancy. So having the experience does not seem to make the bouts of nausea, vomiting and/or dry heaves any better.

Morning sickness is also aggravated by different tastes and smells. Due to hormonal changes in the body, some women develop a bitter, sour or metallic taste in their mouth during pregnancy. This can prevent women from drinking fluids, which may result in dehydration. It is helpful to drink cold fluids, chew gum or eat hard candies.

Also, women develop a heightened sense of smell during pregnancy. They are more aware and sensitive to odors around them. Certain smells may bring on nausea, retching and/or vomiting during pregnancy. Try turning on the fan when cooking or opening a window. Try eating foods at room temperature or cold.

Is morning sickness a sign of psychological problems?



Morning sickness is NOT a sign of psychological problems!

People may tell you:

- “It’s all in your head.”
- “Grin and bear it. It is normal.”
- “It cannot be that bad.”
- “Morning sickness is a sign of rejecting the baby.”

These statements are false.

Although people mean to help you, some comments or actions may cause you to feel stressed, upset, sad, or anxious. This is not good for you or the baby. It’s important to let them know how their comments and/or actions make you feel. They might have limited understanding of your symptoms. To help them understand, you may encourage them to read this booklet or refer them to the resources listed on pages 30-31.

Many women with morning sickness say that it has emotional as well as physical effects on their well being. Partners, family and others may suggest the emotional and physical symptoms are not real. You may feel you have lost control of your life, and find it difficult to do your daily activities at home and/or at work. Even if you manage to do your daily tasks, you may not enjoy them and, frankly, may wish to be in bed. So go to bed, if you can. Bed rest and minimum stimuli (such as smell, noise, and movement) will do you good.

Many women with morning sickness feel depressed, stressed, isolated, frustrated and complain of lack of energy. They often feel upset, lost, scared and confused about how they feel and what they are experiencing. Try to find someone you can talk to about how you feel. Morning sickness can negatively impact quality of life.

Many women find:

- Their parenting abilities are affected.
- They cannot spend as much time with their child or children.
- Their usual activities, such as grocery shopping or social get-togethers, are disrupted.
- They take sick time or time off work because of their symptoms. The financial impact can be very significant.

Even without pregnancy, people who experience nausea and vomiting feel terrible. Unfortunately, people may not take your condition seriously which may make you feel angry, and isolated.

There are different ways of decreasing symptoms, such as food and lifestyle changes, non-medical approaches and medications. There are also people who can provide advice and help. Although it is a very difficult time for you, morning sickness will go away.

The Good News:

There is some good news you should keep in mind in your worst hours.

Many studies have shown that morning sickness may have a protective effect on the pregnancy, including:

- Lower rate of miscarriage and stillbirth
- Lower risk of having a baby with birth defect(s)
- Increased chance of a healthy child

When should I be concerned?



When morning sickness lasts all day and night, you may not be able to consume any food or liquids. You may not be able to keep down the nutrients your body needs for you and your baby. Many women lose weight or find it difficult to gain needed weight in pregnancy.

Severe morning sickness, or HG can lead to dehydration and malnutrition. When managed appropriately, severe morning sickness should not harm you or your baby.

Contact your health care provider if:

- You are not able to keep food or fluids down for a period of 24 hours or more.
- You are feeling weak or lightheaded.
- Your mouth and lips are dry.
- You produce much less urine than usual.
- Your urine is dark and has an odor.
- You are passing urine less than 3 times a day.
- You do not gain weight, or you lose weight (weight loss of 5 or more pounds over a 1 to 2 week period).

Your health care provider may do tests to rule out other factors. You may need IV fluids, medication and nutrients. Some women may need IV fluids often. This is usually done in the hospital. Sometimes a homecare professional can do this in your home (find out if this is covered by your medical insurance plan).



Are there food and lifestyle suggestions for morning sickness?



The first trimester of your pregnancy causes many changes in your body due to increased hormone levels. Morning sickness is very common, as well as symptoms of fatigue, dizziness, constipation or heartburn.

Whether your symptoms of morning sickness are mild, moderate or severe, the following food and lifestyle suggestions may be helpful.

Please note these recommendations should only be followed if you have no dietary restrictions due to allergies or medical conditions.

- Try to eat small amounts of food every 1 to 2 hours as this will help balance your blood sugar levels.
- Try not to eat or drink too much at one time.
- Don't wait to be too hungry or too thirsty, as this may cause you to feel sick.
- Keep solids and liquids separate by drinking your fluids 20 to 30 minutes before and after you eat. When you eat and drink at the same time, your stomach may feel too full which may cause you to feel ill.
- Do not skip meals.
- Try to eat high-carbohydrate, low-fat foods and low-fat dairy products, as they are easier to digest.
- Try to add any source of protein to each meal and snack (please see page 28 for suggestions).
- Try to eat bland, dry or salty foods (please see page 28 for suggestions).
- Try to minimize or avoid spicy, fried and/or high fat foods.

- For extra nutrients or if you are unable to keep food down, you may add liquid supplements (protein or nutritional), puddings or bars.
 - Try to increase your fluid intake to 2 liters (8 cups) daily.
 - Drink colder fluids, including ice chips, popsicles or slushies. They are easier to tolerate, will help maintain your hydration and may help to decrease the metallic taste in your mouth.
 - To help increase your fluid intake and prevent getting dehydrated, you may add electrolytes (such as sports drinks, vitamin water or coconut water).
 - Do not consume any alcohol.
 - Many women become more sensitive to odors when pregnant. To help reduce strong smells, try eating foods at room temperature or cold instead of hot. You may also try to air out the house, walk outside to get some fresh air, as well as, sniff lemons, limes or oranges. Some may not even like specific smells. For example, women who love coffee may not like the smell of it when they are pregnant.
 - Try candies, gums and lozenges to help minimize the metallic taste in your mouth.
 - You may want to discuss with your health care provider other options for vitamins in the first trimester as the iron in the prenatal multivitamin may cause additional nausea, vomiting, upset stomach and/or constipation. If your iron level is normal, try to switch to a children's vitamin or a multivitamin with lower iron and add folic acid. If you have low iron levels, you may try splitting the prenatal multivitamin and taking one half in the morning, and one half in the evening. Iron is very important for both mother and baby after 12 weeks of pregnancy.
 - Symptoms of heartburn, reflux and/or indigestion are common in pregnancy and may aggravate your morning sickness. Talk to your health care provider for treatment options, such as calcium carbonate, H2 blockers or proton pump inhibitors.
 - Constipation in pregnancy is common and may be aggravated by lack of fluids, prenatal vitamins and/or lack of fiber in your diet. Try increasing dietary fiber (such as, cereals, granola bars, fruit, dried fruit, psyllium or inulin products) intake along with fluid. If this is not effective, talk to your health care provider about treatment options for constipation.
 - Bloating, gas and/or lactose intolerance symptoms may develop during pregnancy. To help reduce some of these symptoms, you may try eating and/or drinking lactose-free products. Talk to your health care provider about treatment options for gas, bloating and lactose-intolerance symptoms.
 - Lie down as needed, and get plenty of rest.
 - Change position slowly. Get up slowly, especially when getting out of bed.
 - Try not to brush your teeth right after eating.
 - If you have a lot of saliva, it may be helpful to spit it out and to do frequent mouth washing. Your nausea and/or vomiting may increase by swallowing it.
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- Bottom line:** Eat anything that agrees with you and stays down. Follow the food guide as best as you can.

What about approved medications for morning sickness?



For most women, food and lifestyle changes are enough to control their morning sickness. Some women may need help to stay as healthy as possible during pregnancy.

Many women are afraid to take medications for morning sickness. They do not take their medication(s) as prescribed by their health care provider due to fear that it may harm the unborn baby. Some health care providers are also cautious about prescribing medicine.

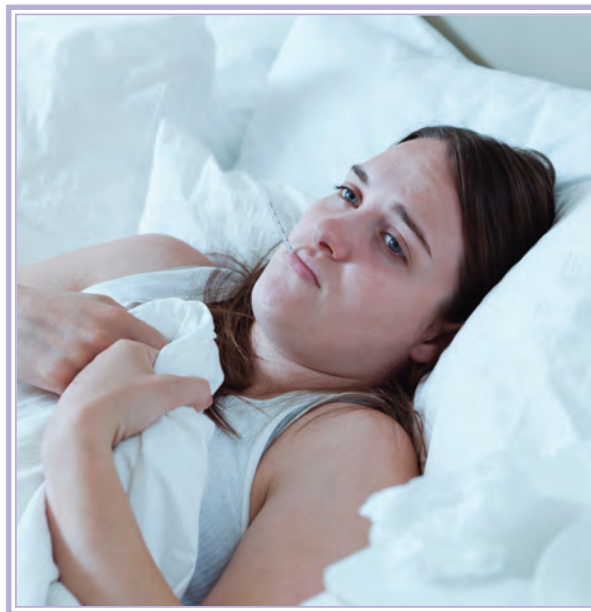
Although a few medications have been shown to increase this baseline risk, many medications may be safely used in pregnancy. Talk to your health care provider ***about medications for morning sickness*** listed on pages 26-27, and about the best option(s) for you.

In Canada, Diclectin® is a prescription product and the only medication specifically approved by Health Canada for morning sickness. With continuous use of Diclectin®, the rates of hospitalization for morning sickness have been dramatically reduced.

Now Diclectin® is available in the USA under the trade name Diclegis®. Diclegis® is the only Food and Drug Administration (FDA)-approved Pregnancy Category A medication for the treatment of morning sickness.

The symptoms and impact of morning sickness vary among women. Treatment options must be tailored to the individual. It is very important for women to take their morning sickness medication(s) as prescribed by their health care provider. If the medication(s) is/are taken on an “as needed” basis, then morning sickness symptoms may not be well controlled. It is necessary to take the prescribed medication(s) consistently every day at the same time and the same amount. When a woman starts to feel better (such as, reduction in nausea and vomiting, more energy or less food aversions) upon recommendation by her health care provider, the medication(s) can be gradually reduced.

Recent studies have shown women with severe morning sickness or HG in a previous pregnancy may benefit by making early dietary changes, and with their health care provider’s approval, start taking medication(s) before symptoms begin. Their health care provider may recommend increasing the dose if symptoms get worse. This is called pre-emptive therapy and may reduce the symptoms of morning sickness.



Are there other medications that may help?



There are other medications showing evidence of fetal safety that can be used for morning sickness, however, none of them have been approved for morning sickness by the FDA or by Health Canada. Talk to your health care provider for the proper use of these medications (for more information see page 26-27).

The following medications are listed by their generic and common names (if available). They are accessible either over-the-counter (OTC) or by prescription. Some may not be available in either Canada or the United States.

- Dimenhydrinate (Gravol/Dramamine)
- Diphenhydramine (Benadryl)
- Promethazine (Phenergan)
- Prochlorperazine (Compazine)
- Chlorpromazine (Thorazine)
- Ondansetron (Zofran)
- Doxylamine (Unisom)
- Hydroxyzine (Vistaril)
- Meclizine (Antivert/Bonine/Dramamine Less Drowsy)
- Metoclopramide (Maxeran/Reglan)
- Trimethobenzamide (Tigan)
- Steroids (Solu-Medrol, given after 10 weeks of pregnancy)

For proper management of morning sickness, medication(s) need to be taken daily as prescribed by your health care provider.

Are there other approaches to morning sickness?



Some women prefer non-medicinal treatments. Non-medical treatments have been commonly used to treat morning sickness. Some have been studied in pregnancy such as ginger, vitamin B6, acupressure, acupuncture and hypnosis.

Vitamin B6 and ginger are most commonly used for morning sickness. Several studies have shown that up to 1000 mg/day of ginger (dried ginger root powder equivalent) does not increase pregnancy risks and may be effective for morning sickness. Ginger may not be helpful if morning sickness is severe and may worsen your symptoms if taken on an empty stomach. It comes in several forms including tablets, roots, lozenges, teas and soft drinks.

The safety of vitamin B6 for morning sickness has been well researched and doses up to 200 mg/day may be taken during pregnancy, including all sources of vitamin B6 (medications and/or multivitamins).

Herbal teas and aromatics containing mint, ginger or orange have also been used for morning sickness. Many herbal remedies have not been studied in pregnancy. They should be used with caution for the treatment of morning sickness.

Other alternative methods include acupuncture and acupressure (such as sea sickness or motion sickness bands), which may be safely used to treat morning sickness. These bands press on the P6 point on the wrist. This point can be found by placing three fingers on the inside of your wrist starting just below the palm.

Some pregnant women try hypnosis. However, there is no evidence that it is effective.

It is important to talk to your health care provider about any non-medicinal treatments you may consider. Some of these treatments may interfere with other medications or may be harmful during pregnancy.

Treating other symptoms



Women with morning sickness may suffer from other symptoms, in addition to nausea, vomiting and dry heaves.

Many suffer from heartburn, digestive problems, constipation, thyroid problems, and/or mood disorders, such as depression, stress and anxiety. Viral or bacterial infections (such as urinary tract infection, cough and colds, post nasal drip, sinus infection and flu) may also increase symptoms of morning sickness.

It is very common to have symptoms of heartburn, indigestion and acid reflux in pregnancy (affecting 40 to 85% of pregnant women). These symptoms can worsen morning sickness. As your hormone levels increase in the pregnancy, digestion slows down. Symptoms of acidity include burping, belching, burning, sensation of something stuck at back of your throat, nausea and/or hunger at night, feeling too full too soon after eating a meal/snack or bloating. Treating heartburn and acid reflux may improve morning sickness, as well as your food and liquid intake.

The following suggestions may be helpful in reducing acid symptoms:

- Try to elevate your upper body and head by propping up pillows and/or by elevating top of the mattress.
- Try to eat smaller portions more often (every 1 to 2 hours) and add any source of protein to each snack and meal to calm down stomach acid (see page 28 for suggestions).
- Try not to drink a glass of fluid with meals. You may take small sips of fluid to help you swallow dry food. Try to drink 20 to 30 minutes before or after meals and snacks. When eating and drinking at the same time, some women feel more nauseous and/or too full.
- Try to avoid or eat less food that is high in fat.
- Try not to overeat or leave your stomach empty.
- If possible, go for a short walk after eating meals to help with digestion.
- Try not to lie down after eating your meal.
- Adding probiotics (ex. yogurt or acidophilus) and/or digestive enzymes may be helpful.
- Discuss options for reducing acid such as antacids, H2 blockers or proton pump inhibitors, with your health care provider. For some women, acid reducing medication needs to be taken daily. Taking these medications on an “as needed” basis may not control symptoms effectively.



What can I do to prevent severe morning sickness in the next pregnancy?



As there is a high rate of recurrence of severe morning sickness and HG (75-85%), it is beneficial to prepare for your next pregnancy. You may start the food and lifestyles changes listed on pages 10-11 when planning a pregnancy or as soon as you find out you are pregnant.

If you had severe morning sickness in a previous pregnancy, you may also benefit from starting to take medication(s) prior to or on the first day of symptoms, with your health care provider's approval. If symptoms get worse, your health care provider may gradually increase the dose. This is called pre-emptive therapy and may lessen the severity of symptoms, prevent hospitalization and improve your quality of life.

The following suggestions may be helpful when planning or in early pregnancy:

- Many women are not aware of the importance of balancing blood sugar levels, as it is not part of their daily routine. Some women eat only one meal a day and some eat up to six small meals a day. Having smaller portions every 1 to 2 hours and adding any source of protein to each snack and meal, helps to balance blood sugar levels. This may help reduce morning sickness symptoms, and may help calm down stomach acid.
- To improve your hydration, try to gradually increase your fluid intake to 2 liters (8 cups) daily by adding popsicles, ice chips, slushies, smoothies and/or very cold drinks, especially when pregnant. If needed, it may be helpful to add electrolytes such as sport drinks, vitamin waters or coconut water.
- Take a prenatal multivitamin when planning your pregnancy. Once pregnant, you may follow the recommendations on vitamins on page 11.
- Try to find out who you can rely on for help, such as help with childcare, house chores and/or cooking. Try to prepare and freeze meals in advance.
- If you had HG in a previous pregnancy, ask your health care provider if you should be tested for *Helicobacter pylori*. The test should be done before you are pregnant or in early pregnancy as it is associated with severe morning sickness. If you test positive, it may be beneficial to treat this bacterial infection.
- There are many factors that cause symptoms of morning sickness or worsen it. Talk to your health care provider ahead of time about ways to manage them prior to getting pregnant or in early pregnancy (see page 4).
- Ask your health care provider if you should start taking morning sickness medication(s) prior to symptoms or on the first day of symptoms (see pages 26-27 for more information about medications). Your health care provider may want to tailor your management based on your previous pregnancy history.
- It is important to take medication(s) for morning sickness consistently and as prescribed by your health care provider. It is essential not to change your dose or stop your medication(s) without your health care provider's knowledge, as this may worsen your condition. If morning sickness symptoms worsen, your health care provider may adjust your treatment.
- If symptoms of heartburn, acid reflux or indigestion begin in early pregnancy, please follow the recommendations on reducing acid symptoms on page 17 and talk to your health care provider.
- Finding a support network may be very helpful (see pages 30-31).

Information for partner, family and friends

If you have a partner, family member or friend who is suffering from morning sickness, there are things you can do to help.

- Morning sickness is not in her head. It is real, unpleasant and common in pregnancy. Morning sickness affects up to 85% of women. Many pregnant women develop aversions to certain smells, tastes, sights, types of touch or sexual contact. These changes can cause confusion, hurt, resentment and sometimes even anger among partners.
- Try to identify what bothers her. Help her avoid these things.
- Be aware of the changes (such as mood swings, fatigue, discomfort, body transformation) in your partner due to pregnancy hormones.
- Remind her to drink enough fluids and to snack every 1 to 2 hours.
- Bring her breakfast in bed.
- Have snacks ready.
- Help to prepare meals.
- Bring home prepared and/or frozen meals.
- Help with chores and housework, childcare and groceries.
- Recognize her need for rest. Women are more tired than usual in pregnancy, especially in early and late pregnancy.
- Show her tender love and care.
- Be supportive and understanding.





Common questions and concerns

How long will my nausea last?

- Morning sickness usually begins between 4 and 9 weeks of pregnancy and worsens between 7 and 12 weeks. For most women, symptoms begin to ease between 12 and 16 weeks but for some, symptoms may continue until 20 weeks or throughout their whole pregnancy.

The thought, smell and taste of meat makes me ill. Is this normal?

- It is normal to have aversions to meat, chicken, or seafood. Some women cannot even tolerate strong tasting and/or smelling vegetables or beverages. Studies have suggested that nausea and vomiting in pregnancy may protect mothers and their unborn babies from harmful toxins. This is a natural protective mechanism. For ideas on other sources of proteins please go to page 28.

I'm having difficulty taking my prenatal multivitamin. What can I do?

- The iron in your prenatal multivitamin may increase your morning sickness symptoms and may cause constipation. You may try taking half in the morning and half in the evening after meals or you may try switching to a children's vitamin or a multivitamin with lower iron and add folic acid. If this is not helpful, you may

want to discuss with your health care provider other options for vitamins in the first trimester. Once in your second trimester, you may try switching back to your prenatal multivitamin.

I don't have an appetite and cannot keep food down. I'm worried about my baby.

- Your baby takes nutrients that he/she needs from you, even though it may not seem that way to you when you feel sick. Talk to your health care provider about your morning sickness symptoms. Try to eat what you can tolerate, every 1 to 2 hours, even if it's a spoonful or handful.

I've lost weight.

Would this be harmful to my baby?

- Talk to your health care provider about your weight loss. Even though you have lost weight, your baby is getting nutrients from you. Losing weight may also be a sign of dehydration.
- For women experiencing mild to moderate symptoms studies have shown no negative effects on the baby, however, with more severe vomiting, studies have shown an increased risk for low birth weight.
- It is important to continue to eat what you can, even small amounts every 1 to 2 hours. For extra nutrients, you may also add liquid supplements.

I cannot keep liquids down, what can I do?

- Call your health care provider or go to the nearest emergency room.
- To help increase your fluid intake:
 - Try to drink cold or partially frozen fluids.
 - Try to have more popsicles, ice chips, slushies or smoothies.
 - If needed, adding fluids with electrolytes such as sports drinks, vitamin water or coconut water, may be helpful.
 - Also, you may add unflavored electrolyte solution to jello mix (i.e. when making jello, use one cup of electrolyte solution instead of one cup of cold water).

What can I do for excessive salivation?

- If you have a lot of saliva, it may be helpful to spit it out and use a mouth wash more often. Your morning sickness may worsen if you swallow the excess saliva. For most women, the excess saliva is due to their pregnancy. But for some, it may be due to increased stomach acidity and treating it may be helpful in reducing the excess of saliva.

I vomit bile and/or undigested food many hours later. What is the reason and what should I do?

- During pregnancy as your hormone levels increase, your digestion slows down. Some women may find that food sits in their stomach. They may vomit bile and/or undigested food many hours later. Talk to your health care provider about treatment options to improve digestion.

I'm losing a lot of time from work.

Is this common?

- Yes, many women will take sick time and some may need to use their holiday time because their symptoms affect their work and productivity.

Can stress, depression, anger and/or tiredness worsen my morning sickness symptoms?

- Yes, it's important to try to find ways to address stress, negative emotions and fatigue. This is sometimes easy to say and not always easy to do. For example, if you're more tired than usual, try to take a nap or go to bed a little earlier.

I feel normal again. Do I still continue with my dietary changes?

- Yes, as best as you can, try to continue eating smaller portions of food more regularly and adding any source of protein to each snack and meal. This will help you balance your blood sugar levels throughout your whole pregnancy. Continue to get more rest. For some women, morning sickness symptoms may come back or worsen when they keep their stomach empty for too long or when they have bigger meals.

My morning sickness stopped at 14 weeks. Now, I'm 27 weeks and it came back. Is this normal?

- No, once your morning sickness symptoms stop or decrease, it generally does not come back. Talk to your health care provider about other factors that may be causing the nausea and/or vomiting (see page 4).

I was prescribed Diclectin®/Diclegis® for my morning sickness, is it safe to take in pregnancy?

- Diclectin®/Diclegis® is the medication of choice for morning sickness. It is a delayed-release combination of vitamin B6 (10 mg) and an antihistamine called doxylamine succinate (10 mg). Diclectin has been on the Canadian market for over 30 years. It is the only medication approved for morning sickness by Health Canada. The FDA granted Diclegis® Pregnancy Category A status, which means that the results of controlled studies have not shown increased risk to an unborn baby during pregnancy.

When can I start taking Diclectin®/Diclegis® and for how long?

- You can take it when your morning sickness symptoms appear. Symptoms may begin as early as the first day of your missed period and you may continue until delivery.

How does Diclectin®/Diclegis® work?

- Diclectin®/Diclegis® is formulated as a delayed-release tablet. It works best when taken 4 to 6 hours before the onset of symptoms. Your health care provider will prescribe the medication depending on the severity of your morning sickness. Your dose and schedule are important. Be consistent when taking Diclectin®/Diclegis® and do not skip a dose.
- Diclectin®/Diclegis® works best when taken every day, at the same time, and the same number of pills. It may take up to 3 days to get the full benefit of the treatment. If you don't see an improvement after a few days, or if your condition worsens, talk to your health care provider.

- Diclectin®/Diclegis® can cause sedation, tiredness or dizziness. Our experience has shown that these symptoms may decrease or disappear after a couple of days, or after a week. If the side effects continue or worsen, talk to your health care provider.

I'm taking Diclectin®/Diclegis®, but I still keep vomiting. What should I do?

- If you vomit within an hour of taking Diclectin®/Diclegis®, you may have brought up the medication. Talk to your health care provider as your Diclectin®/Diclegis® dosing schedule may need to be adjusted to the severity of your symptoms. Your health care provider may choose to add another medication prior to taking Diclectin®/Diclegis® in order to keep the tablet(s) down long enough to be absorbed (see list of medications on pages 26-27).

Are there any other safe medications to treat morning sickness?

- Yes, there are. Talk to your health care provider as you may want to discuss the options listed on pages 26-27. Sometimes women with severe morning sickness may need to take more than one medication.

How/Where can I get help with my morning sickness?

- In addition to your health care provider, there are many resources available (see pages 30-31).
- You may also choose to contact the Motherisk Nausea and Vomiting of Pregnancy (NVP) Helpline at the Hospital for Sick Children, Toronto, Canada. This service offers help and counseling on NVP management to planning, pregnant and nursing women, their partners and health care providers.

The Top Ten Tips for Morning Sickness:

1. Morning sickness occurs in most pregnant women. You are not alone. The severity of symptoms differs among pregnant women.
2. Try to rest as much as you can.
3. The feelings of depression, isolation and frustration are very common. Try to find someone you can talk to about how you feel, and who is ready to listen, sympathize and help. This is an important part of feeling better.
4. People who tell you “it’s all in your head” – are wrong. Their comments may stress or upset you more. If possible, try to explain to them that your symptoms are real and are greatly affecting your quality of life. Encourage them to read this book, which may help them understand your condition.
5. Nausea with or without vomiting in pregnancy may not be related to morning sickness. There may be other factors that are making you feel sick. Talk to your health care provider to rule out other causes.
6. Eat and drink small amounts very often, every 1 to 2 hours. Try not to mix food and drinks. Drink liquids 20 to 30 minutes before or after you eat. Do not drink alcohol at all.
7. With the exception of alcohol, eat and drink whatever feels right for you.
8. Take a prenatal multivitamin when planning your pregnancy. You may want to talk to your health care provider and consider other options for vitamins in the first trimester as the iron in the prenatal multivitamin may cause additional nausea, vomiting, upset stomach and/or constipation. If your iron level is normal, try to switch to a children’s vitamin or a multivitamin with lower iron and add folic acid. If you have low iron levels, try splitting the prenatal multivitamin. Take one half in the morning, and one half in the evening. Iron is very important for you and your baby after 12 weeks of pregnancy.
9. Don’t be a martyr. There are safe medications and non-medicinal treatments for morning sickness. Talk to your health care provider. Find out what works best for you.
10. The good news: In general, morning sickness is associated with healthy babies.

Managing Morning Sickness – Treatment Summary

Always talk to your health care provider before taking any medications. If there is no improvement, proceed to the next step.

Whether you have mild, moderate or severe symptoms, try to make changes to your food and lifestyle right away (see pages 10-11)

If medication is needed, start with Diclectin®/Diclegis®, prescribed by your health care provider. It is the only approved and labeled treatment for morning sickness.

ARE YOU DEHYDRATED?

(i.e. do you have any of the following symptoms?)

- Excessive vomiting for 24 hours or more
- Lightheadedness or weakness
- Dry lips and mouth
- Urinating less than 3 times a day (urine is dark and has an odor)
- Weight loss of 5 or more pounds over a 1 to 2 week period

NO

YES

DEHYDRATED

Contact your health care provider or go to the hospital.

The hospital may decide to give you:

- Intravenous (IV) fluid replacement
- Multivitamin IV supplementation
- Medication(s)

eed to the next step in the flow chart.

NOT DEHYDRATED

Talk to your health care provider about the following medications. Discuss any side effects with your health care provider, such as drowsiness, sleepiness, tiredness, constipation, irritability, etc.

Antihistamines

- Dimenhydrinate
- Diphenhydramine
- Hydroxyzine
- Meclizine

Dopamine Antagonists

- Chlorpromazine
- Metoclopramide
- Prochlorperazine
- Promethazine
- Trimethobenzamide

Serotonin Antagonist

- Ondansetron

Corticosteroids

- Prednisolone or Solu-Medrol

At any time you may add any or all of the following:

- Acupressure (sea sickness or motion sickness bands) or acupuncture at acupoint P6
- Ginger root powder capsules or extract (dried ginger root powder equivalent)
- Pyridoxine (vitamin B6)

Discuss with your health care provider

Corticosteroids: Methylprednisolone is not recommended during first 10 weeks of pregnancy because of a possible increased risk for oral clefts.

Serotonin Antagonists: Ondansetron is not a first choice during the first 10 weeks of pregnancy because of a possible increased risk for cleft palate. It should be given only in women with normal ECG and during the course of therapy, ECG monitoring and strict follow-ups are strongly recommended.

Some food suggestions

Some foods that may help relieve your nausea

Salty:	Salty crackers, chips, pretzels, popcorn, nacho chips, macaroni & cheese
Tart:	Pickles, lemonade, cranberry juice, grapefruit, green apples
Earthy:	Baked potato, brown rice, mushroom soup, peanut butter, bread, avocado
Crunchy:	Potato chips, celery sticks, watermelon, apple slices, grapes, nuts, cucumbers
Bland:	English muffin, mashed potatoes, rice, broth, white toast, eggs
Soft:	Custard, pancakes, cream of wheat, bread, noodles, oatmeal
Sweet:	Candy, gum, cake, sugary cereals, jam, canned fruit
Fruity:	Sherbet, dried fruit, any fresh fruit, fruity popsicles
Liquid:	Slushies, smoothies, milkshake, coconut water, carbonated water, ginger ale, juice, shaved ice
Dry:	Crackers, cookies, cereal, biscotti, toasted bagel, melba toast

*Adapted from the Society of Obstetricians and Gynaecologists of Canada (SOCG) Public Educational Pamphlet on NVP

Some ideas for protein snacks (meat/non meat sources)

Nuts and seeds:	Almonds, peanuts, walnuts, brazil nuts, macadamia, pistachio, cashew, soy, pumpkin, sunflower, chia seeds, hemp seed hearts
Nut Butters:	Peanut, almond, cashew, soy, hazelnut
Milk and alternatives:	Milk, yogurt, Greek yogurt, cheese, ice cream, frozen yogurt, smoothies, cottage cheese, soy, rice milk, almond milk, goat's milk
Legumes:	Edamame (soy), peas, beans, lentils
Grain products:	Switch to cereals, breads, crackers or pastas that have higher protein content
Other:	Protein powders, shakes, bars, beef or turkey jerky, hard boiled eggs, egg white omelet, dried deli meat



Helpful resources about morning sickness

Some helpful resources

- Motherisk Nausea and Vomiting of Pregnancy Helpline 1-800-436-8477 (Canada only)
www.motherisk.org
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)
www.sogc.org
- American Congress of Obstetricians and Gynecologists (ACOG) www.acog.org
- For questions and concerns about safety or risk of prescription and/or over-the counter medications, herbal products, x-rays, chronic disease and infections when planning a pregnancy, during pregnancy or while breastfeeding, contact:
 - Motherisk Helpline
416-813-6780 (Canada and USA)
1-877-439-2744 (Canada only)
 - MotherToBaby National Line (OTIS)
1-866-626-6847 (USA), www.mothersbaby.org
- For questions and/or concerns about exercise when planning a pregnancy or during pregnancy, contact: Exercise & Pregnancy Helpline 1-866-937-7678 (Canada and USA)
- For questions and concerns about alcohol, smoking and recreational drug use when planning a pregnancy, during pregnancy or while breastfeeding, contact:
 - Motherisk Alcohol and Substance Use Helpline
1-877-327-4636 (Canada only)
- March of Dimes
www.marchofdimes.com/pregnancy
- The HER Foundation, Hyperemesis Education & Research Foundation
www.helper.org
- Managing Morning Sickness, Miriam Erick
www.morningsickness.net
- Beyond Morning Sickness: Battling Hyperemesis Gravidarum, Ashli Foshee McCall
www.beyondmorningsickness.com
- For more information about Diclectin® or Diclegis®
www.diclectin.com or www.diclegis.com
 - Diclectin® Surveillance Program
1-888-744-0020 (Canada only)
 - Diclegis® Surveillance Program
1-800-670-6126 (USA only)



Some helpful resources for nutrition support in pregnancy and for morning sickness

- www.morningsicknessusa.com
- www.eatrightontario.ca
- www.eatright.org/Public
- www.beststart.org/resources/nutrition/index.html (D08-E Healthy Eating for a Healthy Baby)
- www.beststart.org/resources/rep_health/pdf/low_lit_book_fnl_LR.pdf
- www.marchofdimes.com/pregnancy/yourbody_nausea.html
- www.acog.org/For_Patients
- www.helper.org/health-professionals/treatments/nutritional-therapy/index.php
- www.helper.org/health-professionals/patient-education-tools.php



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by/par health **nexus** santé

MOTHERISK

TREATING THE MOTHER –
PROTECTING THE UNBORN

About this Booklet

Morning Sickness is the most common medical condition in pregnancy. It affects up to 85% of pregnant women. Because of fears of taking medications in pregnancy, large numbers of women do not get the help they need. In 1995 Motherisk established the first and only Helpline for Morning Sickness worldwide, counseling thousands of women suffering from this condition. In this booklet we bring the vast knowledge developed by the Motherisk team over the last two decades.

About Motherisk

Motherisk is a program at the Division of Clinical Pharmacology and Toxicology and Department of Pediatrics at The Hospital for Sick Children, located in Toronto, Ontario. If you don't find the information you are looking for in this booklet, try calling one of our Helplines or visiting our website. Motherisk counselors talk to hundreds of women and their health care providers each day providing guidance, support and peace of mind. Motherisk counselors are available Monday through Friday, from 9 a.m. to 5 p.m. EST.

Motherisk Alcohol and Substance Use Helpline	1-877-327-4636 (Canada only)
Motherisk Nausea and Vomiting of Pregnancy Helpline	1-800-436-8477 (Canada only)
HIV and HIV Treatment Helpline	1-888-246-5840 (Canada only)
Motherisk Helpline	1-877-439-2744 (Canada only)
Motherisk Helpline	416-813-6780 (Canada and USA)
Diclectin® Surveillance Program	1-888-744-0020 (Canada only)
Diclegis® Surveillance Program	1-800-670-6126 (USA only)

Website: www.motherisk.org