What is the best treatment for nausea and vomiting of pregnancy?

Evidence-Based Answer

There is no clear “best” therapy. Antihistamines, thiethylperazine (a phenothiazine), pyridoxine (vitamin B6), and ginger are all effective for the relief of nausea (SOR: A, meta-analysis). Ginger and antihistamines are probably comparable (SOR: A, meta-analysis). The combination of pyridoxine plus metoclopramide is more effective than prochlorperazine or promethazine given as single agents (SOR: B, single RCT).

A 2010 Cochrane meta-analysis identified 27 RCTs evaluating the effectiveness of various treatments for pregnancy-related nausea and vomiting in patients at up to 20 weeks’ gestation. Six studies with 803 participants studied several antiemetic therapies (including antihistamines, phenothiazines, pyridoxine, ginger, and acupressure); only one study was done in the last 10 years and the rest were 40+ years old.

In the Cochrane trials, vitamin B6 was dosed 25 mg PO q8h or 30 mg PO daily. Using a visual analog scale of nausea severity (scored 1–10, with 10 being the worst), vitamin B6 reduced nausea at 3 days (2 trials, N=416; mean difference 0.92; 95% CI, 0.40–1.4), but not emesis episodes (RR 0.76; 95% CI, 0.35–1.7). Ginger (4 trials, N=283) was found to be beneficial for nausea (RR 0.29; 95% CI, 0.10–0.82) and vomiting (RR 0.42; 95% CI, 0.18–0.98), with no adverse effects compared with placebo. Four RCTs (N=624) compared ginger (500 mg/d–1 g/d) with pyridoxine (25–75 mg/d) and found similar symptom reduction with no statistical significance between the 2 treatments.

The Cochrane analysis included 8 studies (N=1,377) comparing P6 acupressure, auricular pressure, acupuncture, or acustimulation with placebo. The key outcome was the Rhodes Index scale (8 items, scored 0–4, with a possible 32 points), which measures nausea, emesis, and retching. Only acustimulation (1 trial; N=230) showed a small but statistically significant improvement versus placebo (mean change 6.6 vs 4.7; P<.02).

The most current study in the Cochrane was a randomized open-label trial comparing the combination of pyridoxine 50 mg IM with metoclopramide 10 mg PO q6h with prochlorperazine 25 mg PR q12h or promethazine 25 mg PO q6 PRN. The pyridoxine/metoclopramide combination significantly decreased emesis compared with prochlorperazine (RR 0.59; 95% CI, 0.39–0.88) and promethazine (RR 0.62; 95% CI, 0.42–0.91).

An ACOG practice guideline from 2004 stated that taking a multivitamin at the time of conception might reduce the severity of nausea and emesis during pregnancy. This guideline also recommended either vitamin B6 or vitamin B6 with doxylamine as first-line pharmacotherapy. Ginger was listed as a reasonable alternative. For refractory cases, antihistamine H1 receptor blockers and phenothiazines were recommended.