

## **New Guidelines for Managing Nausea and Vomiting of Pregnancy**

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**Ottawa, December 15, 2016** - The Society of Obstetricians and Gynaecologists (SOGC) today announced the publication of its latest Clinical Practice Guideline, [The Management of Nausea and Vomiting of Pregnancy](#). It appears in the December edition of the SOGC's peer-reviewed [Journal of Obstetrics and Gynaecology Canada](#) (JOGC).

"Nausea and vomiting of pregnancy (NVP) affects 50-80 per cent of all pregnant women and ranges from mild to severe cases. Many women do not seek treatment because they are worried about the safety of medications. However, the recognition and management of NVP can have a profound effect on improving women's health and their quality of life during pregnancy and there are many safe and effective pharma and non-pharmacological options available," says Dr. Blake, CEO, SOGC.

"This comprehensive document is a summary of the most recent clinical and scientific research available," says principal author Kim Campbell, a registered midwife from B.C. "It gives health care professionals and women the basic knowledge and tools they need to alleviate the symptoms, discomfort and suffering caused by "morning sickness."

In the past women were advised to eat small, bland meals and avoid fatty foods like potato chips. New science says there is limited evidence to support the effectiveness of changing a woman's diet and instead recommends women eat whatever [pregnancy-safe food](#) appeals to them. Safe options that may relieve symptoms of NVP include ginger (particularly pharmaceutical-grade ginger), pyridoxine (vitamin B6) and self-administered acupressure.

There is also new evidence that women experiencing NVP may safely discontinue iron-containing prenatal vitamins during the first trimester and substitute them with folic acid or with vitamins low in iron.

Included in this guideline is an evidence-based algorithm for NVP developed from studies on the safety and efficacy of available medications. As a first line of treatment and for women with high risk for NVP, pyridoxine or doxylamine/pyridoxine treatment is recommended for patients. Mindfulness-based cognitive therapy may also be beneficial when used in conjunction with doxylamine/ pyridoxine. Dimenhydrinate is also recommended as a safe option.

A copy of the guideline is available here: [http://www.jogc.com/article/S1701-2163\(16\)39464-6/fulltext](http://www.jogc.com/article/S1701-2163(16)39464-6/fulltext).

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**About the Society of Obstetricians and Gynaecologists of Canada**

The SOGC is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information visit [www.sogc.org](http://www.sogc.org).