

# ACOG: Best evidence for rx of nausea, vomiting in pregnancy

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with ginger for reducing [nausea](#) symptoms. Methylprednisolone may be efficacious in refractory cases, but it should be a last-resort treatment due to the risk profile.

"The woman's perception of the severity of her symptoms plays a critical role in the decision of whether, when, and how to treat [nausea and vomiting](#) of pregnancy" the authors write.

**More information:** [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—In a practice bulletin published in the September issue of *Obstetrics & Gynecology*, recommendations are presented for the management of nausea and vomiting of pregnancy.

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Noting that nausea and [vomiting](#) of [pregnancy](#) is a common condition that affects the health of pregnant women and their fetus, and that nausea and vomiting of pregnancy may be minimized by obstetric providers and pregnant women, the Committee on Practice Bulletins reviewed data relating to the diagnosis and management of nausea and vomiting of pregnancy.

The authors note that it can become difficult to control symptoms once nausea and vomiting of pregnancy progresses; early treatment can prevent more serious complications, including hospitalization. Based on good and consistent evidence, the authors recommend three months of prenatal vitamins before conception to reduce the incidence and severity of nausea and vomiting. Vitamin B<sub>6</sub> or vitamin B<sub>6</sub> plus doxylamine is safe and effective for treatment and should be considered first-line pharmacotherapy. For patients with hyperemesis gravidarum, treatment of hyperthyroidism should not be undertaken without evidence of intrinsic thyroid disease. Limited or inconsistent scientific evidence supports treatment

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