NAUSEA AND VOMITING

- begins @ 6 wks, peaks @ 9 wks; 60% resolve by 12 wks, 91% by 20 wks, 5% entire preg
- women with NBV have fewer spont. abortions and stillbirths vs. women without NBV
- hyperemesis gravidarum = most severe form of NV occurs in < 1%

1st line treatment
Start Diclectin (combo of 10 mg doxylamine + 10 mg pyridoxine)
- recommended dose = 4 tabs daily (2 qhs + 1 qam + 1 qafternoon)
- up to 8 tabs daily, adjust prn, delayed action (takes 8 h to work)

2nd line treatment
Add or switch to a substitute: antihistamines, e.g. dimenhydrinate, diphenhydramine
- for acute or breakthrough NV, use IV and PR formulation

3rd line treatment
If dehydrated:
- warning signs: wt loss, oliguria
- hospitalize with IV fluid replacement, multivitamin IV, antienetic IV

If well-hydrated, add or switch to a substitute (in order of fetal safety):
- phenothiazines, e.g. chlorpromazine; metoclopramide; ondansetron

4th line treatment
Corticosteroids, e.g. methylprednisolone, consider only in refractory cases
- avoid corticosteroids at ≤ 10 wks because of higher risk of oral clefting
Consider other causes or exacerbating factors, test:
- electrolytes, Cr, Bun, liver function, TSH, drug levels, U/S and H. pylori testing

Notes
Diet and lifestyle Δs, including:
- eat what appeals, avoid triggers, smaller frequent meals, rest plenty
- stop prenatal multivitamin with Fe (Fe causes gastric irritation/ NBV)

Addjuvant treatment can be added at any time, including:
- ginger supp (in any form, maximum dose = < 1 g per day)
- pyridoxine, acupressure, acupuncture

HEARTBURN AND ACID REFLUX

1st line Antacids (avoid Mg triscilicate and bicarbonate-containing antacids)

2nd line - H2 antagonists, e.g. ranitidine
- PPIs, e.g. omeprazole, pantoprazole

AVOID Pepto Bismol because of salicylate absorption

Notes Lifestyle modifications, including: eat smaller and more frequent meals, avoid eating near bedtime, elevate head of bed

URINARY TRACT INFECTION
- treat asympt. bacteriuria: if not, ↑ risk of cystitis, pyelonephritis & preterm labour

1st line Penicillins, cephalosporins, fluoroquinolones, nitrofurantoin, phenazopyridine

AVOID Nitrofurantoin ≥ 38 wks → hemolytic anemia in fetus or newborn
- TMP-SMX in first trimester → neural tube defects
- TMP-SMX ≥ 32 wks → increased kernicterus in newborn
- tetracycline / doxycycline → deposition on bones and teeth

Notes Prophylactic treatment (if desired): vit C 500 mg daily, cranberry juice

HEADACHE
- warning signs of severe preeclampsia: sudden onset in 3rd trimester with vision changes, RUQ pain, facial edema ↔ BP
- treatment: increase sleep & fluid intake, acetaminophen
- avoid NSAIDS → teratogenic ≤ 12 wks, → amniotic fluid ≥ 12 wks

LOW BACK PAIN
- treatment: back exercises, chiropractic
- physiotherapy

The authors and reviewers have made every attempt to ensure the information in the Family Medicine Clinical Cards is correct - it is possible that errors may exist. Accordingly, the source references or other authorities should be consulted to aid in determining the assessment and management plan of patients. The Cards are not meant to replace customized patient assessment nor clinical judgment. They are meant to highlight key considerations in particular clinical scenarios, largely informed by relevant guidelines in effect at the time of publication. The authors cannot assume any liability for patient outcomes when these cards are used.