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[Intervention Review]

Interventions for nausea and vomiting in early pregnancy

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ABSTRACT

Background

Nausea, retching and vomiting are very commonly experienced by women in early pregnancy. There are considerable physical, social and psychological effects on women who experience these symptoms. This is an update of a review of interventions for nausea and vomiting in early pregnancy previously published in 2010.

Objectives

To assess the effectiveness and safety of all interventions for nausea, vomiting and retching in early pregnancy, up to 20 weeks' gestation.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register and the Cochrane Complementary Medicine Field's Trials Register (27 April 2013).

Selection criteria

All randomised controlled trials of any intervention for nausea, vomiting and retching in early pregnancy. We excluded trials of interventions for hyperemesis gravidarum, which are covered by another Cochrane review. We also excluded quasi-randomised trials and trials using a cross-over design.

Data collection and analysis

Four review authors, in pairs, reviewed the eligibility of trials and independently evaluated the risk of bias and extracted the data for included trials.

Main results

Thirty-seven trials involving 5049 women, met the inclusion criteria. These trials covered many interventions, including acupressure, acustimulation, acupuncture, ginger, chamomile, lemon oil, mint oil, vitamin B6 and several antiemetic drugs. We identified no studies of dietary or other lifestyle interventions. Evidence regarding the effectiveness of P6 acupressure, auricular (ear) acupressure and acustimulation of the P6 point was limited. Acupuncture (P6 or traditional) showed no significant benefit to women in pregnancy. The use of ginger products may be helpful to women, but the evidence of effectiveness was limited and not consistent, though two recent

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studies support ginger over placebo. There was only limited evidence from trials to support the use of pharmacological agents including vitamin B6, and anti-emetic drugs to relieve mild or moderate nausea and vomiting. There was little information on maternal and fetal adverse outcomes and on psychological, social or economic outcomes. We were unable to pool findings from studies for most outcomes due to heterogeneity in study participants, interventions, comparison groups, and outcomes measured or reported. The methodological quality of the included studies was mixed.

Authors' conclusions

Given the high prevalence of nausea and vomiting in early pregnancy, women and health professionals need clear guidance about effective and safe interventions, based on systematically reviewed evidence. There is a lack of high-quality evidence to support any particular intervention. This is not the same as saying that the interventions studied are ineffective, but that there is insufficient strong evidence for any one intervention. The difficulties in interpreting and pooling the results of the studies included in this review highlight the need for specific, consistent and clearly justified outcomes and approaches to measurement in research studies.

PLAIN LANGUAGE SUMMARY

Interventions for nausea and vomiting in early pregnancy

Nausea, retching or dry heaving, and vomiting in early pregnancy are very common and can be very distressing for women. Many treatments are available to women with 'morning sickness', including drugs and complementary and alternative therapies. Because of concerns that taking medications may adversely affect the development of the fetus, this review aimed to examine if these treatments have been found to be effective and safe.

This review found a lack of high-quality evidence to back up any advice on which interventions to use. We examined 37 randomised controlled trials which included 5049 women in early pregnancy. These studies examined the effectiveness of many treatments including acupressure to the acupuncture point on the wrist (P6), acustimulation, acupuncture, ginger, chamomile, vitamin B6, lemon oil, mint oil, and several drugs that are used to reduce nausea or vomiting. Some studies showed a benefit in improving nausea and vomiting symptoms for women, but generally effects were inconsistent and limited. Studies were carried out in a way that meant they were at high risk of bias, and therefore, it was difficult to draw firm conclusions. Most studies had different ways of measuring the symptoms of nausea and vomiting and therefore, we could not look at these findings together. Few studies reported maternal and fetal adverse outcomes and there was very little information on the effectiveness of treatments for improving women's quality of life.