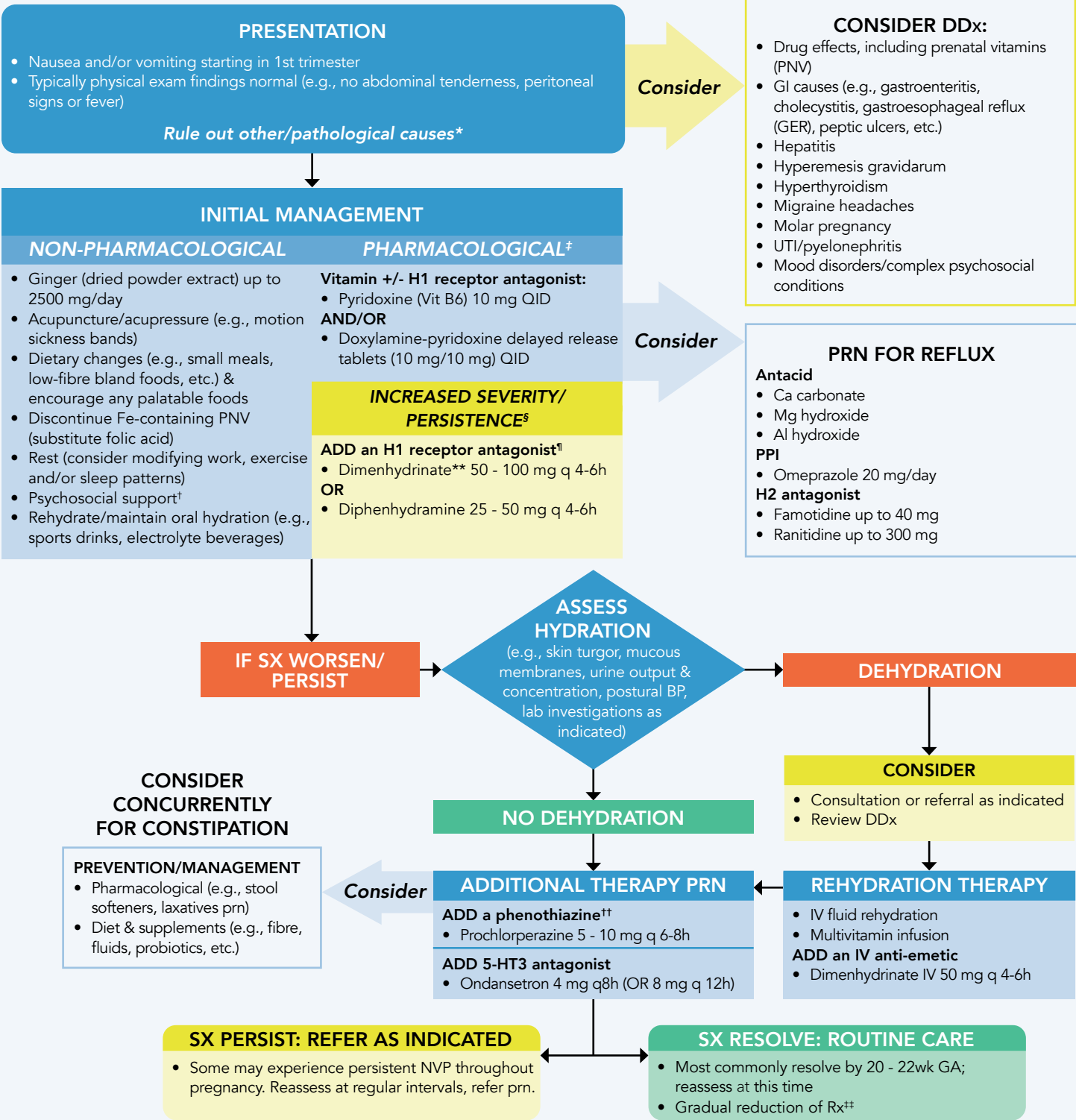




Nausea and vomiting of pregnancy (NVP)

RISK FACTORS FOR (INCREASED) NVP: Multiple gestation, genetic predisposition, Hx of NVP/HG



* Other conditions must be ruled out in order to make a diagnosis of NVP. In considering differential diagnoses, note that some conditions may exist in combination with NVP, as a result of NVP and/or exacerbate NVP. These conditions should be assessed and treated concurrently.

† Pregnant people with increased severity of NVP may have higher rates of depression, anxiety and other mental health/psychosocial concerns compared to those with mild NVP. Consider referral for mental health support for pregnant people experiencing NVP.

‡ This algorithm only includes drugs within prescribing scope for Ontario midwives at the time of publication. Additional drugs may be appropriate throughout the course of NVP management (e.g., phenothiazines, PPIs, corticosteroids, etc.); midwives may refer as indicated or order/administer under directive per [Ontario Regulation](#).

§ Consider using a validated scoring system to aid in assessments for severity and appropriate follow up, e.g., PUQE scoring index.

¶ The route of administration for drugs throughout this algorithm may be decided by the provider and client based on factors such as ability to tolerate oral administration, severity of symptoms, acuity level, care setting (e.g., community vs. hospital), drug availability, prescribing scope etc.

** Do not exceed 200 mg/day of dimenhydrinate if taking doxylamine (Diclectin) 4 times/day.

†† Prior to prescribing phenothiazines, discuss extrapyramidal side effects with clients for informed decision making.

‡‡ Discontinuation that is too early or rapid can result in worsening or refractory symptoms.

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