

# Treatments for hyperemesis gravidarum and nausea and vomiting in pregnancy: a systematic review and economic assessment

Amy O'Donnell,<sup>1</sup> Catherine McParlin,<sup>2</sup>  
Stephen C Robson,<sup>3</sup> Fiona Beyer,<sup>1</sup> Eoin Moloney,<sup>4</sup>  
Andrew Bryant,<sup>1</sup> Jennifer Bradley,<sup>1</sup> Colin Muirhead,<sup>1</sup>  
Catherine Nelson-Piercy,<sup>5</sup> Dorothy Newbury-Birch,<sup>1</sup>  
Justine Norman,<sup>6</sup> Emma Simpson,<sup>1</sup> Brian Swallow,<sup>7</sup>  
Laura Yates<sup>8</sup> and Luke Vale<sup>4\*</sup>

<sup>1</sup>Institute of Health & Society, Newcastle University, Newcastle upon Tyne, UK

<sup>2</sup>Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK

<sup>3</sup>Institute of Cellular Medicine, Newcastle University, Newcastle upon Tyne, UK

<sup>4</sup>Health Economics Group, Institute of Health & Society, Newcastle University, Newcastle upon Tyne, UK

<sup>5</sup>Women's Health Academic Centre, King's Health Partners, King's College London, London, UK

<sup>6</sup>North Tyneside Clinical Commissioning Group, Whitley Bay, UK

<sup>7</sup>Expert Advisor

<sup>8</sup>UK Teratology Information Service (UKTIS) and Institute of Genetic Medicine, Newcastle University, Newcastle upon Tyne, UK

\*Corresponding author

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## Plain English summary

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## Plain English summary

Up to 85% of women suffer nausea and vomiting during the first half of pregnancy. Between 30% and 35% of these suffer symptoms that are severe. Hyperemesis gravidarum refers to the most severe form of nausea and vomiting and affects 0.3–1.0% of pregnant women.

There are medicinal and non-medicinal treatments for nausea and vomiting. Changes in diet or lifestyle are often the first treatments women might try. Similarly, women may buy vitamins B6 and B12, or ginger supplements. Other therapies may also be purchased or recommended by a health-care practitioner (e.g. acupuncture/acupuncture). Some interventions need to be prescribed such as antiemetic drugs. A small number of women with severe symptoms may receive intravenous fluids, corticosteroids and assisted feeding.

Our results suggest that ginger preparations, vitamin B6, antihistamines and metoclopramide were better than placebo for mild disease. Effectiveness of treatments in more severe disease is unclear and evidence limited. Antihistamines, metoclopramide and ondansetron appear to be effective for some women, but there is no strong evidence to say which is better than the other. The overall quality of the evidence was low or very low for all treatment comparisons due to clinical differences between studies, poor and incomplete reporting of outcomes and concerns regarding risk of bias. Of note, however, was the finding that symptoms tended to improve after a few days (even with placebo). Therefore, we inferred that if symptoms have not improved, or not improved sufficiently after a short time, a change of treatment could be considered.



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