

Morning Sickness

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PREGNANCY IS usually characterized by disturbances of digestive system particularly nausea and vomiting, the so-called morning sickness.

Nausea simply means a desire to vomit, while vomiting is the actual expulsion of the contents of the stomach and sometimes the duodenum via the mouth. Nausea is most common in the morning immediately on awakening and hence it is often referred to as morning sickness.

Predisposing Factors

- * About 80 per cent of all pregnant women suffer from nausea and vomiting.

- * It usually commences soon after missing the first menstrual period and disappears spontaneously by the 14th to 16th week of pregnancy. It does not require any treatment. Moreover, 20 per cent of the pregnant women have nausea and vomiting in the second and third trimester, while 1 to 2 per cent of these progress to a more severe condition called hyper emesis gravidarum.

- * It usually comes in the early part of the day and passes off in few hours. Some women on the other hand may experience nausea and vomiting in the evening and few others may have these symptoms throughout the day.

- * Getting up suddenly from bed in the morning may also provoke these symptoms. Primi-parae, or women in their first pregnancy, suffer greater than do multiparae. It may differ in severity in the same women at different stages of pregnancy.

- * Severe nausea and vomiting are more common in nervous and highly strung women of the upper social class. It is also severe in women who don't desire conception.

Etiology

The exact cause of nausea and vomiting in pregnancy has not been fully established

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but several theories have been put forward to explain their experience.

(1) *Hormonal Imbalance*: As the baby grows and develops in the mother's womb certain biochemical changes take place. The level of several hormones, e.g., human chorionic gonadotrophin (HCG) may rise. Any imbalance in these hormones may give rise to nausea and vomiting.

(2) *Changes in the Composition of Hormones*: As the placenta develops in the uterus, it gradually takes over the function of secreting the pregnancy hormones, from the corpus luteum. A difference in the composition of the hormones being produced may account for nausea and vomiting.

(3) *Relation of the Voluntary Muscles*: Progesterone which causes vasodilation of the blood vessels rises during pregnancy with a resultant fall in the blood pressure. The pregnant women may get the feeling of fainting. This is occasionally accompanied by nausea and vomiting.

(4) *Local and Central Factors*: Besides above theories there are certain local and central factors that could account for nausea and vomiting, e.g., irritation and distension of stomach. Coffee, alcohol and tobacco smoke, eating fatty foods and deep fried foods can provoke and intensify the desire to vomit.

Management

Every woman should be treated as an individual and her complaints listened to. During pregnancy a woman can be fearful and anxious and efforts should be made to reassure her that her sensations of nausea and vomiting are quite normal and probably will subside spontaneously. Over-eating with the notion of eating for two instead of one can cause distention of the stomach and can provoke the sensation of nausea and vomiting. The mother should therefore be advised to eat many small meals, eggs and cheese. Food like rice, pudding, sweets and sugar should be cut down.

As the nausea and vomiting is common

immediately on awakening, the pregnant lady should be advised to keep a few biscuits by her bedside and to nibble on these before getting out of bed.

Waking suddenly even at night can cause nausea and vomiting and the mother should be advised to get up slowly. The mother should be advised to take a cup of light tea with plenty of sugar but less milk in the morning, as milk is found to provoke nausea in the morning. She should be advised to avoid cooking in odorous and potentially nauseating situations. The mother should be advised to take a walk daily. However, exercises like running and jogging can be harmful as they may stimulate early labour. She should be advised to keep herself busy without getting fatigued. Studies have shown that nausea and vomiting are common in those women who have more or less nothing to do during the whole day.

When all other measures fail then medication should be resorted to. During the first trimester the organs are being formed so the foetus is vulnerable to teratogens at this stage, so the drugs taken should be tested and kept free from side effects. There are certain antihistamin and other drugs like meclizine, cyclizine and pyridox available for nausea and vomiting.

If in spite of all these measures symptoms of nausea and vomiting are not under control then proper investigation may be done to find out the underlying pathology.

References

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