

Gastrointestinal Diseases in Pregnancy



Nausea, Vomiting, Hyperemesis Gravidarum, Gastroesophageal Reflux Disease, Constipation, and Diarrhea

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KEYWORDS

- Pregnancy • Review • Vomiting • Hyperemesis gravidarum
- Gastroesophageal reflux disease (GERD) • Constipation • Diarrhea • Treatment

KEY POINTS

- Pregnant women are susceptible to nausea, vomiting, gastroesophageal reflux, constipation, and diarrhea at rates similar to or higher than the general population.
- Many of the pregnancy-induced gastrointestinal (GI) disorders result from the normal hormonal and structural changes associated with pregnancy.
- Although a vast majority of GI complaints are caused by normal pregnancy-related changes, other pathologic conditions and causes should be considered.
- When symptomatic remission cannot be achieved with nonpharmacologic therapy, pharmacologic treatment may be instituted, but the potential teratogenic side effects must be considered.
- Starting June 2015, the Food and Drug Administration (FDA) began replacing pregnancy categories A, B, C, D, and X with narrative statements regarding safety studies for all biological products and prescription drugs, which may result in improved understanding of fetal and maternal risk.

NAUSEA, VOMITING, AND HYPEREMESIS GRAVIDARUM

A majority of pregnant women experience nausea and vomiting during pregnancy.¹ The prevalence of nausea in this group is between 50% and 80% and for vomiting 50%.² These are the most common medical conditions during gestation, usually

Disclosure: Research support, Takeda Pharmaceuticals; Advisory Board, Synergy Pharmaceuticals.

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Gastroenterol Clin N Am 45 (2016) 267–283

<http://dx.doi.org/10.1016/j.gtc.2016.02.005>

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beginning between weeks 4 and 6, peaking at approximately weeks 8 to 12, and often ceasing by week 20.³

Hyperemesis gravidarum (HG) is a severe and persistent form of nausea and vomiting.² Fortunately, it only affects approximately 1.2% of pregnant women.³ Currently, there is no standard definition or diagnostic criteria for HG. Accepted definitions, however, combine the symptoms of protracted vomiting and nausea with the following findings: weight loss, ketonuria, electrolyte disturbances, dehydration, and/or hospitalization.⁴

Evaluation

In the setting of significant nausea and vomiting, other pathologic causes should be excluded. **Box 1** outlines other causes that may be considered.^{2,5} If the work-up for

Box 1
Causes of nausea and vomiting in pregnancy
<i>Gastrointestinal</i>
Gastroenteritis
Biliary disease
Gastroparesis
Peptic ulcers
Pancreatitis
Hepatitis
Appendicitis
IBS
<i>Genitourinary</i>
Pyelonephritis
Uremia
Kidney stones
<i>Miscellaneous</i>
Drugs
Psychological
<i>Metabolic</i>
Diabetic ketoacidosis
Addison disease
Hyperthyroidism
<i>Neurologic</i>
Pseudotumor cerebri
Vestibular
Central nervous system tumors
<i>Pregnancy Associated</i>
Multifetal gestation
Gestational trophoblastic disease
Preeclampsia/HELLP
Acute fatty liver of pregnancy
<i>Abbreviation:</i> HELLP, Hemolysis, Elevated Liver Enzymes, and Low Platelets.
<i>Data from Refs.</i> ^{2,5,6}

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