

Ginger for nausea and vomiting of pregnancy

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Clinical question

Can ginger treat nausea and vomiting of pregnancy?

Bottom line

In the first trimester ginger might improve nausea and vomiting by about 4 points on a 40-point scale or stop vomiting for 1 in 3 women at 6 days. The largest study suggests no increase in fetal malformations or stillbirths, but smaller studies suggest otherwise.

Evidence

Systematic reviews of RCTs evaluated ginger.¹⁻⁷

- A Cochrane review found statistically significant results¹:
 - Mean score difference on a 40-point nausea and vomiting scale was 4.19 vs placebo at 1 week (1 RCT, 70 women).
 - Of those taking ginger, 33% were vomiting on day 6 vs 80% of those taking placebo (NNT=3; 1 RCT, 22 women).
 - There were no differences in spontaneous abortion or cesarean section rates (1 RCT, 67 women), or congenital abnormalities (1 RCT, 120 women).
 - There was no difference compared with vitamin B6 (4 RCTs, 625 women), metoclopramide (1 RCT, 68 women), or doxylamine-pyridoxine (1 RCT, 63 women).
 - Limitations included short-term adverse effects being rarely reported, inconsistent outcome measurements, and underpowered studies.²
- Cohort safety studies were conducted mostly in women in the first or second trimester:
 - In 68522 women (1020 used ginger), there was no increase in fetal malformations, stillbirth or neonatal death, or preterm birth.⁸
 - Vaginal bleeding or spotting after 17 weeks significantly increased (7.8% vs 5.8%; $P < .05$). There was no significant heavier “bleeding” (spotting excluded) and no difference in bleeding-related hospitalization.
 - In 375 women, there was no increase in major malformations, stillbirths, or spontaneous abortion, but more small babies were born in the control group (1.6% vs 6.4%).⁹
 - In 441 women, there was no difference in spontaneous abortion, but there was a trend of increased stillbirths (2.7% vs 0.3%) and major malformations (3.3% vs 0.7%).¹⁰

—Limitations include small numbers, short exposure (median 2 days), and wide CIs.

Context

- Based on limited clinical evidence, ginger is contraindicated close to labour or in those with a history of miscarriage, vaginal bleeding, or clotting disorders, owing to risk of hemorrhage.
- The total dose is usually approximately 1 g per day, divided to be given twice to 4 times a day.¹

Implementation

Nonpharmacologic management of nausea in pregnancy includes avoiding nausea-inducing foods and eating small, frequent meals.^{1,11} Guidelines suggest pyridoxine or doxylamine-pyridoxine,^{11,12} although there is little evidence that doxylamine improves control.¹ Agents such as dimenhydrinate, promethazine, ondansetron, or chlorpromazine might be added,^{11,12} while 250 mg of ginger taken orally every 6 hours might be added “at any time.”¹² The Cochrane review concluded there was no strong evidence for any intervention.¹ Patients should be told that some ginger supplements contain agents with questionable safety in pregnancy. 🌿

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