

Nausea and vomiting in pregnancy

An information guide



Nausea and vomiting in pregnancy

This information is for you if you suffer with nausea and vomiting in pregnancy. It may also be helpful if you are a partner, relative or friend of someone who is experiencing these symptoms.

What is nausea and vomiting in pregnancy?

Nausea and vomiting are both common in early pregnancy, affecting up to 70% of pregnant women. Although it is also called 'morning sickness', for many women, symptoms may persist over the whole day. Some women experience only mild and temporary symptoms, however others can suffer from severe nausea and vomiting.

Symptoms and causes

Various causes have been linked to nausea and vomiting in pregnancy, including high levels of hormones produced by the placenta, multiple pregnancy and nutritional deficiencies.

Symptoms usually begin at four to seven weeks gestation and are typically limited to twelve weeks (end of first trimester), although in a small proportion of women, symptoms may continue for longer.

Some women may continue to suffer with this condition throughout their pregnancy, though this is rare. Although it is not possible to prevent nausea and vomiting during pregnancy, lifestyle changes can help to reduce symptoms:

- Eat small, frequent meals or snacks as often as every hour or two during the daytime
- Nibble on small snacks between meals

- Whilst feeling nauseated, eat bland foods e.g. plain toast, plain biscuits
- Avoid fatty, fried and strong smelling foods that may trigger symptoms
- Always drink water, little and often, to remain well hydrated
- Rest, especially after meals, as tiredness can worsen nausea
- Ask family and friends for help with household chores and childcare
- Rest, particularly after eating as tiredness can make symptoms worse
- Eat a small snack before getting out of bed in the morning and at bedtime e.g. cream crackers, rice cakes
- Ginger is known to reduce nausea, try to eat ginger biscuits.

Other causes

If you are unwell, feel pain in your tummy or the vomiting starts after 10 weeks please seek medical advice. Other causes may be kidney infection, appendicitis or gastroenteritis.

Prolonged nausea and vomiting

When morning sickness is persistent and very severe it can lead to a condition called hyperemesis gravidarum, which affects less than 1% of women. For some, it is so severe that it affects how the body takes up fluid, vitamins and salts, leading to dehydration and weight loss.

Although many women with morning sickness feel like they are vomiting everything they eat or drink if they continue to gain

weight and are not dehydrated, they do not have hyperemesis gravidarum.

Symptoms of hyperemesis gravidarum

- Severe nausea
- Constant daily vomiting
- Weight loss
- Inability to keep down any food or fluids
- Dizziness and light-headedness
- Low blood pressure
- Rapid heartbeat

Will I need tests?

Tests are only required if there is a possible alternative diagnosis or in the assessment of the wellbeing of mother and baby.

Physical examination and blood and urine tests will be used to assess the severity of the condition and exclude hyperemesis gravidarum. One of the most common tests is a test for a substance called ketones in the urine.

Excessive ketones indicate that the body is breaking down fat for fuel as it is not getting enough carbohydrates from food. In some cases, an ultrasound scan of the baby is performed to confirm the pregnancy and exclude a twin pregnancy.

Will it affect my baby?

Hyperemesis gravidarum rarely causes problems for the unborn baby, however in extremely severe cases it can lead to foetal growth restriction and prematurity.

What treatments are available in case simple measures do not work?

As already discussed, lifestyle changes help to settle the symptoms of nausea and vomiting in pregnancy for most women. In severe cases a short hospital stay and combination of treatments is necessary:

- On admission to hospital, the above mentioned tests will be performed to assess severity and look for an alternative cause
- Intravenous fluids containing water and salts lost through vomiting will help to correct dehydration until the vomiting is under control
- Anti-sickness medication may be required to settle persistent vomiting. This medication has been used to treat severe nausea and vomiting and hyperemesis gravidarum without long-term problems for the mother or baby. You should seek advice from your doctor if you have any concerns about this
- Prolonged vomiting can cause a deficiency of vitamins and so vitamin supplements may be prescribed (e.g. thiamine and folic acid)
- In some cases, referral to a dietitian may be necessary and, in rare cases, steroids are used.

Finding a treatment that works in the management of nausea and vomiting in pregnancy is largely a matter of trial and error, and various combinations are used. For many, it tends to be regarded as a minor disorder of pregnancy, but for others, it demands professional attention.

Your doctor will recommend the most appropriate course of treatment based on your personal situation. Feel free to discuss your care with a member of the medical or nursing team or your midwife at any time.

Following discharge from hospital, nausea and vomiting may be controlled with lifestyle and dietary changes and the occasional use of anti-sickness tablets. However symptoms may return or worsen. If this is the case and you do not already have a follow up appointment you should contact the hospital.

Further information

NHS Choices: Nausea and morning sickness.

Contact telephone numbers:

Royal Oldham Hospital

Gynaecological Assessment Unit (GAU)

0161 627 8855

North Manchester General Hospital

Gynaecological Assessment Unit (GAU)

0161 720 2211

Fairfield General Hospital

Early Pregnancy Assessment Unit (EPAU)

Mon - Fri 8.30 - 4.30 - 0161 778 3871

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