



Nausea and vomiting in pregnancy

Nausea or vomiting during early pregnancy is a very common problem. This can vary from mild, when it can be considered a normal part of pregnancy, to severe, where medical assistance is required.

Nausea and vomiting in pregnancy (NVP) are thought to be due to hormones produced by the placenta which feeds the baby. It is not fully understood why most women have nausea and only very few have severe vomiting.

Although it is called morning sickness, symptoms can occur at any time of the day. It usually starts from early pregnancy and settles between 12 and 16 weeks. It is rare for women to have ongoing or recurring nausea throughout pregnancy.

All severities of nausea and vomiting in pregnancy can be difficult to cope with. If nausea and vomiting are interfering with your day-to-day life, particularly the ability to eat and drink or your mood, you should seek help and support from your doctor or midwife.

What is hyperemesis gravidarum?

In about 1 percent of women, vomiting can become severe and cause dehydration (being very dry, very low on body fluids), severe weight loss and extreme weakness. This is called hyperemesis gravidarum.

Sometimes, hyperemesis gravidarum can cause electrolyte imbalances. A short admission to hospital may be needed for rehydration, with fluid via a drip into the vein, and to develop a plan for the best combination of medications to manage your vomiting.

Do nausea and vomiting affect the baby?

Nausea and vomiting in pregnancy are normal and there is no risk to a baby unless it is very severe. The baby receives nourishment from your body even if you are not eating well due to vomiting. The effort of retching and vomiting does not harm your baby but may worsen symptoms of reflux.

Do I need any special tests?

If you have mild nausea and vomiting during pregnancy, you do not usually need any specific tests or investigations. Sometimes your doctor or midwife will suggest some tests if:

- Your symptoms become more severe
- You are not able to keep any food or fluids down
- You start losing weight

Investigations may include blood or urine tests to look for another cause of your nausea and vomiting or to check how your body is coping.

Other causes of vomiting

Not all vomiting may be due to the pregnancy. You can still get other illnesses, such as a tummy bug or food poisoning. Sometimes a bladder or kidney infection can cause vomiting in pregnancy. You should see a doctor urgently if you develop any symptoms that you are worried about, including the following:

- Very dark urine or not passing any urine for more than 8 hours
- Vomit that contains blood or is very dark (coffee ground) in colour
- Stomach pains
- Yellow skin (jaundice)
- High temperature (fever)
- Severe weakness or feeling faint
- Pain on passing urine
- Runny stools (diarrhoea)
- Headache not responding to paracetamol
- Repeated, unstoppable vomiting

What can I do to help relieve nausea and vomiting?

There are simple ways to manage mild symptoms of nausea and vomiting in pregnancy.

Eating small but frequent meals: Avoid having an empty stomach. Eat or drink something every one to two hours. Try small amounts of plain dry foods, which are better tolerated, such as dry crackers or toast, plain pasta or noodles with some sauce. Cold meals may be better tolerated.

Some foods to try	
Toast with honey, jam or vegemite	Dry or plain sweet biscuits
Sandwiches with low fat fillings (tomato, salad, vegemite, cheese)	Low fat soups
Fresh or stewed fruit	Ice-cream, custard or yoghurt
Grilled, lean meat (chicken or fish)	Boiled, poached or scrambled eggs (ensure fully cooked egg yolks)
Boiled rice	Mashed potato

Avoiding triggers: Some triggers include smells or emotional stress. Prenatal vitamins may trigger NVP. If you need to stop your multivitamin, ensure iodine and folic acid supplements continue.

Drink fluids: Drink small amounts regularly. Aim for at least one to two litres of fluid each day, unless otherwise advised. Try ice blocks or cold fluids, such as rehydration salt drinks (eg: Hydralyte® or Staminade®), diluted cordials/fruit juices and clear soups. You can have 1 or 2 high protein drinks a day (eg: Ensure plus®, Sustagen® or Up & Go®). A meal in a drink is a good choice to boost calories.

Rest: Try to get plenty of rest and sleep in early pregnancy.

Acupressure bands: Acupressure with a wrist band may improve nausea.

Dental hygiene: Frequent vomiting can harm your teeth. Brush regularly at least an hour after vomiting. Protect your teeth by rinsing with weak baking soda solution or chewing sugar-free gum after vomiting.

Note: generally, you should not use over-the-counter remedies for nausea and vomiting while you are pregnant unless recommended by your doctor, midwife or pharmacist.

When are anti-nausea medicines needed?

Anti-nausea medicine may be recommended if your symptoms are persistent and severe, or do not settle with the above measures. The following medicines have been used to treat symptoms of nausea and vomiting in pregnancy and are considered safe.

Women sometimes worry that taking medicines for severe nausea and vomiting in pregnancy may harm their baby. Certain medications (see overleaf) are safe to use in pregnancy and the benefits often outweigh the risks of dehydration in pregnancy.

Always discuss with your doctor, pharmacist or midwife before taking an anti-nausea medicine when you are pregnant. It is best to use medication for the shortest time possible.

What anti-nausea medicines are available?

Over the counter (no prescription needed):

- Ginger (*Zingiber officinale*) in tablet or syrup form, no more than 1g in 24 hours.
- Pyridoxine (vitamin B6) 25mg tablets, one or two tablets up to three times each day. No more than 200mg in 24 hours.
- Doxylamine tablets. Start with half or one tablet at night. If needed, you can then add half a tablet in the morning and then add half a tablet at midday.
 - » This medicine is commonly used as a sleeping tablet, but also works for nausea and vomiting in pregnancy.
 - » Even in small doses doxylamine can make you sleepy; if daytime sleepiness is a problem, only take it at night.
- Omeprazole 20mg tablets, one tablet in the morning to reduce stomach acid and reflux.

How should I take my anti-nausea medicines?

- Start with pyridoxine or ginger, adding doxylamine if needed, as these are available over the counter.
- If these are not working, visit your doctor to discuss other medicines for nausea and vomiting.
- Add medicines if needed, rather than stopping medicines you may already be on.
- Here is an example of a combination of medicines that helps with nausea, vomiting and reflux:

	Morning	Midday	Night
Ginger 500mg tablets	1 tablet	1 tablet	
Vitamin B6 25mg tablets	1 tablet	1 tablet	1 tablet
Doxylamine 25mg tablets			Half to 1 tablet
Omeprazole 20mg tablets	1 tablet (for reflux)		

Other medicines (often a prescription is required for these medicines):

Medication	Other information
Promethazine (Phenergan®)	Uncommonly, it can cause restlessness or muscle jerks – if this happens stop the tablets and speak with your doctor. High doses close to delivery should be avoided.
Cyclizine (Nausicalm®)	Can make you sleepy, constipated and/or have a dry mouth.
Metoclopramide (Maxolon®)	Can cause sleepiness and weakness/tiredness in some women. Uncommonly, it can cause restlessness or muscle jerks – if this happens stop the tablets and speak with your doctor. Metoclopramide is safe throughout pregnancy, at a maximum dosage of 10mg three times a day Try to avoid regular use for more than five days.
Prochlorperazine (Stemetil®)	Can make you sleepy, constipated and/or have a dry mouth. Uncommonly, it can cause restlessness or muscle jerks – if this happens stop the tablets and speak with your doctor. High doses close to delivery should be avoided.
Ondansetron (Zofran®)	Constipation is the most common side effect – ask your pharmacist about medicines for constipation if needed. Ondansetron should be reserved and only prescribed for women whose symptoms are not controlled with all other medicines used to treat nausea and vomiting during pregnancy.
Famotidine (Ausfam®)	Used once or twice a day to reduce stomach acid and reflux. Well tolerated.
Omeprazole (Ozmep®)	Used once or twice a day to reduce stomach acid and reflux. Well tolerated. Omeprazole is the preferred proton pump inhibitor (PPI) in pregnancy.



My medicines for nausea, vomiting and reflux

For nausea and vomiting

Medication	Morning	Midday	Evening	Bedtime

For reflux

Medication	Morning	Midday	Evening	Bedtime

When-required medications

Medication	Morning	Midday	Evening	Bedtime

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