Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Nausea and vomiting in pregnancy

Nausea and/or vomiting (NVP) during early pregnancy is common. This can vary from mild, where it can be considered a normal part of pregnancy, to severe, where medical assistance is required.

NVP is thought to be due to hormones produced by the placenta. It is not fully understood why most women have nausea and only a few have severe vomiting.

Although NVP is called morning sickness, symptoms can occur at any time of the day. It usually starts from the early pregnancy and settles between 12 and 16 weeks. Women rarely 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 your 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 one percent of women, vomiting can become severe and cause dehydration (loss of bodily fluids), weight loss and 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; however, it 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 eight 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 that are best tolerated, eg: dry crackers or toast, plain pasta, or noodles.
- Everyone is different - stick to foods and drinks that you can manage and increase variety when you are feeling a little better.

Some foods to try	
Toast with honey, jam, or vegemite	Dry crackers or gingernut biscuits
Fresh or canned fruit	Pretzels, popcorn, or salted nuts
Soups or broths	Smoothies, Milo®, Up & Go®
Vegemite sandwiches, cheese toasties	Icy poles, sorbet
Plain rice, pasta, or noodles	Mashed potato

Avoid triggers: Some triggers include smells or emotional stress. Let others cook where possible. Prenatal vitamins may trigger nausea and vomiting. Try taking vitamins at night with a snack. 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 icy poles or cold fluids such as rehydration drinks (eg: Hydralyte®), sports drinks (eg: Powerade®), diluted cordials/fruit juices and clear soups. A meal in a drink is a good choice to boost calories and energy (eg: Ensure Plus®, Sustagen® or Up & Go®).

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

Wear an acupressure band: Acupressure with a wrist band may improve nausea.

Maintain dental hygiene: Frequent vomiting can harm your teeth. Brush regularly at least an hour after vomiting. Protect your teeth by 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 a day
- Pyridoxine (vitamin B6) - 25mg tablets, one or two tablets up to three times each day. Maximum 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 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 and add 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 on 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®)	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.
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.

Constipation

Constipation is very common in pregnancy, especially for women requiring anti-nausea medicines to help manage symptoms of nausea and vomiting. Some diet and lifestyle strategies that can assist include:

- Increased fluid intake
- Healthy diet rich in fruits, vegetables, and wholegrains
- Increased gentle exercise (if possible)
- Going to the toilet as soon as you feel the urge to have a bowel motion.

First line options

- There are certain bulk forming laxatives that contain fibre: psyllium (Metamucil®) sterculia and isphagula husk (Fybogel®).

These are suitable for the treatment of constipation in patients who can move around easily and drink lots of water.

- Constipation may worsen if there is inadequate fluid intake with fibre supplements.
- Fibre supplements are **not** recommended when taking opioid pain relievers.

Second line options

Stool softening laxatives

Medication	Other information
Docusate (Coloxyl® 50mg or 120mg)	Safe to use in pregnancy and breastfeeding.
Docusate/Senna (Coloxyl & Senna® 50mg/8mg)	Take at night for relief the next morning (8-12 hours) Alternative laxatives are preferred in pregnancy and breastfeeding.

Third line options

Osmotic laxatives

Medication	Other information
Lactulose (Actilax®, Dulose®)	Takes about 1-3 days to start working Mix your dose with water or fruit juice to improve taste Safe to use in pregnancy and breastfeeding.
Macrogol (Movicol®, Herron Clearlax®)	Dissolve each sachet in 125ml of water May take up to two days to start working Safe to use in pregnancy and breastfeeding.

If these strategies do not work, speak to your midwife, GP or local pharmacist for safe options to use in pregnancy.

Your mental health

Women with hyperemesis can experience a range of mental health symptoms. These may include low mood, anxiety, lack of motivation and/or distressing thoughts.

Support from a clinical psychologist or psychiatrist can be helpful for the treatment of, and developing strategies to deal with, the mental health symptoms associated with a pregnancy complicated by hyperemesis.

Patients at King Edward Memorial Hospital can contact the WNHS Mental Health Service on (08) 6458 1521 or ask your doctor or midwife to refer you.

Where can I get more information?

Pregnancy and Breastfeeding medicines information service - phone (08) 6458 2723

Please contact the above service if you need information in another language.

- **MothertoBaby:** mothertobaby.org
- **Hyperemesis Australia:** hyperemesisaustralia.org.au
- **HER Foundation:** hyperemesis.org
- **Pregnancy, Birth and Baby:** Phone support, 1800 882 436
- **Centre for Perinatal Excellence (COPE):** cope.org.au
- **PANDA – Perinatal Anxiety & Depression Australia:** panda.org.au
- **The Royal Women's Hospital fact sheets, available in different languages:** thewomens.org.au/health-information/fact-sheets

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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