

Patient information

Nausea and vomiting in pregnancy

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This leaflet has been written to help you understand more about nausea (feeling sick) and vomiting in pregnancy.

Nausea and vomiting in pregnancy is a normal part of pregnancy which affects approximately 70% of pregnant women. Women may experience nausea or vomiting, or both. For the majority of women these symptoms disappear by themselves, usually settling by 12-14 weeks of pregnancy. Occasionally women will continue to have symptoms beyond 20 weeks of pregnancy. If this happens to you, try to remind yourself that all pregnancies are different and the 12-14 weeks duration is only an average.

A more severe form of nausea and vomiting in pregnancy is a condition called hyperemesis gravidarum. In this condition the nausea and vomiting become so severe that the woman looses weight and becomes dehydrated. Hyperemesis gravidarum can be a debilitating condition and you may require medical, practical and emotional support.

What is the cause of nausea and vomiting in pregnancy?

The exact cause of nausea and vomiting in pregnancy is unknown. It is probably due to the hormonal changes of pregnancy. It can be more severe in multiple or twin pregnancies.

Can it affect my baby?

Not usually. Most of the time nausea and vomiting has no apparent effect on the baby. In fact, some studies have shown that nausea and vomiting in early pregnancy is a good indication that your pregnancy is healthy and will have a successful outcome.

There is an increased chance of your baby being born with a low birth weight if

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you suffer from hyperemesis gravidarum, particularly if the mother has a low pregnancy weight gain (less than 7kg). However, not all babies born to mothers with hyperemesis gravidarum have a low birth weight.

Can it cause complications for me?

You may become dehydrated and depleted of nutrients if your symptoms are severe. You may also be at increased risk of venous thromboembolism (VTE). It is important to seek help if you are unable to keep any fluids down or if you are worried about dehydration.

What treatments could I try?

Rest: Lying down and resting when you are feeling nauseous can help. Don't feel guilty about asking for help with childcare and the housework. You may also need to take some time off work.

Fluids: If you are finding it difficult to drink water and/or keep it down then you are not alone. You may find something that works well for you. Some things which other women have found helpful are:

- Continually sipping tiny amounts of liquid through a straw
- Freezing a half empty bottle of water then topping up with cold water this keeps cold for hours
- Lucozade, lemonade, fruit squash or juice
- Sucking ice cubes made with water or with flat coke
- Ice lollies

Snacks: Most women find that their nausea symptoms come in waves. It's important to have snacks available so that you can eat and drink something straight away during your nausea-free intervals. Suggestions that other women have found helpful include:

- bananas
- cereal bars
- biscuits
- bread
- dried fruit
- crackers
- crisps
- fruit

• jelly

Ginger: Ginger is recommended to treat nausea and vomiting in pregnancy by the National Institute for Health and Care Excellence (NICE 2008). You could try ginger biscuits or ginger tea.

Acupressure: P6 (wrist) acupressure has been used for many years to treat nausea and vomiting in pregnancy and is also a treatment that is recommended by NICE. Although there is little strong evidence that it is effective, it may worth considering. Acupressure bands to wear around the wrist may be purchased from pharmacies.

When should I seek medical advice?

It is important to seek help if you are unable to keep any fluids down or if you are worried about dehydration.

When should I consider drug treatment?

Your doctor may suggest drug treatment for your symptoms if initial treatments such as dietary advice and rest aren't working. When starting a new medication your doctor will explain any possible side effects to you and should arrange for you to be reviewed.

There are a number of drugs which have been successfully used to treat with nausea and vomiting during pregnancy over the years. Large studies have been conducted to check that these medications do not cause side effects on your baby.

Will I need treatment in hospital?

Most women will not need admission to hospital. However if you become severely dehydrated and continue to have vomiting despite drug treatment then you may need to be treated in hospital with intravenous fluids and medication. If you have another medical condition, such as diabetes, you may be more likely to need to come into hospital.

Coping with nausea and vomiting in pregnancy and hyperemesis gravidarum

Suffering from nausea and vomiting in pregnancy and hyperemesis gravidarum can be a lonely and emotional time. It may help to take each day at a time and to remind yourself that this condition is not your fault and it will get better.

Where can I seek help and support?

Finding a sympathetic listener to talk to may be helpful. This may be a family member or a friend, or perhaps someone who has gone through a similar thing themselves and may understand how you are feeling.

There is a support group called the Pregnancy Sickness Support Trust which offers support and information to sufferers and their family. They can be contacted online at <u>www.pregnancysicknesssupport.org.uk</u> or by telephone on 02476382020. They also have a Facebook page called Pregnancy Sickness Support.

Your midwife and GP are also there to offer support.

You may contact us directly on: 01284 713216 (ward F11)

This leaflet aims to provide accurate and helpful advice on nausea and vomiting in pregnancy. It has been prepared using consensus views of medical professionals, evidence based guidelines and the views of women who have suffered from the condition.

References

National Institute of Clinical Excellence (NICE) 2008 Antenatal Care

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