

Nausea and vomiting during pregnancy

Information for expectant mothers and their families



Morning sickness

Nausea and vomiting during pregnancy may also be referred to as “morning sickness”. Morning sickness is a common occurrence during pregnancy, affecting around 80% of pregnant women. Morning sickness usually begins during weeks 4-7 of pregnancy and gets better by weeks 16-20.

How to manage morning sickness

It's important for you to know that morning sickness is very common, and usually gets better in a matter of weeks. Please feel reassured that your midwife and medical team will be there to support you. Make sure you have plenty of rest and are kind to yourself. Morning sickness can make it difficult to eat and drink; it is important to let your team know if you are struggling with this, or if you have lost any weight.

Try some of these tips if you are struggling with your eating and drinking:

Fluid intake

- Sip fluid **between** meals rather than **with** meals to reduce volume of intake
- Drink lots of liquid (but avoid alcohol and caffeine)
- Choose nourishing fluids e.g. milkshakes which can help provide calories and protein.

Environment and wellbeing

- Keep rooms well ventilated and odour free – batch cooking and reheating may help reduce cooking smells, or try and avoid the kitchen if you can get someone else to cook for you
- Choose a time when you feel well to eat e.g. 20-30 minutes after taking anti-sickness medication
- Sit down during and after eating
- Get some fresh air and exercise daily
- Acupuncture/acupressure may help.

Dietary intake

- Eat dry biscuits, bread or cereal before getting up in the morning. Get out of bed slowly and avoid sudden movements during the day
- Cold or room-temperature foods without strong smells may be easier to manage. Remember to avoid foods which are at high risk of Listeria (food poisoning bacteria). These include: deli meats, smoked seafood, soft cheeses and leftovers (especially rice) that are cold or more than 24 hours old
- Avoid large greasy or spicy meals
- Eat little and often (for example, every 2-3 hours)
- Ginger may be helpful, e.g. flattened ginger beer, gingernuts, or ginger tea.

Hyperemesis

Hyperemesis Gravidarum (HG) is less common than morning sickness and is thought to affect around 1-3 in every 100 pregnancies. Hyperemesis is characterised by ongoing severe nausea and vomiting, resulting in dehydration, electrolyte disturbances, ketonuria (presence of ketones in urine) and weight loss of more than 5% of your weight before pregnancy. Causes of HG are uncertain. However, it has been suggested that hormones, psychological factors and evolution (e.g. vomiting to protect mother from harmful foods) may have a role in the development of HG.

How is hyperemesis treated?

Your medical team will prescribe some anti-emetics (anti-sickness medications) and find which one works best for you. If hyperemesis does not get better with anti-emetics, or you are unable to eat and drink/have lost weight, you may need to be admitted to hospital.

In hospital, you can receive IV (intravenous) fluids through a drip into your vein. In some situations, your medical team may refer you to a dietitian (expert in nutrition) who would advise you on how to meet your nutritional goals.

Hyperemesis can be very stressful for you and those around you. Mental health can impact on symptoms, which is why it is important to ask for help. You are not alone.

Reference

NHS: www.nhs.uk/pregnancy/related-conditions/complications/severe-vomiting

This leaflet was given out by: _____

Contact number: _____

