



A guide to...

Nausea and vomiting during pregnancy

Patient information

How to contact us

Gynaecology Department
Watford General Hospital
West Hertfordshire Hospitals NHS Trust
Vicarage Road, Hertfordshire, WD18 0HB

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email westherts.pals@nhs.net



Author	Gynaecology Department
Ratified / Review Date	August 2023 / August 2026
ID Number	28/2138/V2



Nausea and vomiting during pregnancy

Why do I feel sick?

Eighty to ninety percent of women experience nausea and vomiting to some degree during their pregnancy. It is very common especially during the first trimester. In the majority of cases symptoms settle spontaneously by week 16 but a small proportion of women continue to feel sick throughout their pregnancy.

What causes it?

In most cases it is not known what causes nausea and vomiting in early pregnancy but may be related to the rapidly rising levels of pregnancy hormones. Among a minority of cases nausea and vomiting is due to a multiple pregnancy (twins/triplets) or a molar pregnancy (placental overgrowth).

It is important to distinguish the benign nausea and vomiting of pregnancy from other medical conditions unrelated to pregnancy e.g. food poisoning, urine infection, appendicitis, migraine, thyroid disease.

What is hyperemesis gravidarum?

One to two percent of pregnant women have persistent, severe vomiting which causes severe dehydration, nutritional deficiencies and weight loss. This is known as hyperemesis gravidarum.

What are the symptoms of dehydration?

If you are unable to tolerate food/water over time you are at risk of becoming dehydrated and experience some of the following symptoms. You may need to seek medical help at this stage:

- Dry mouth, feeling of thirst.
- Headache
- Lightheadedness/ fainting
- Fatigue
- Dark concentrated urine
- Weight loss
- Abdominal pain
- Passing urine infrequently

What can I do?

It is important to keep yourself well hydrated and drink lots of fluids.

Try to eat small and frequent meals. Ginger and peppermint are soothing on the stomach, available in various forms such as tea and sweets.

Try to identify strong odors, which may act as triggers e.g., scented household products, perfume or even certain foods. Acupuncture has been reported to be of variable effectiveness.

What investigations will the doctor perform?

Your doctor may order some simple tests to assess the severity of your condition and to rule out non-pregnant causes for your symptoms.

Commonly these include a urine test, bloods tests to measure your electrolytes, renal function, and liver function, thyroid function and an ultrasound if you haven't had one already.

What treatment will I receive?

It may become necessary to rehydrate you by intravenous fluids.

Cyclizine, Prochlorperazine and Metoclopramide are common anti-emetics prescribed to help relieve your symptoms.

They have been used safely in pregnancy for several years.

These are only meant to be used for short periods of time and will not "cure" you. If you have had persistent vomiting you may be given multi-vitamin and folic acid supplements, as well as antacids.

How will this affect my baby?

Most of the time nausea and vomiting settle without any complications.

The growing fetus is able to obtain its necessary nutrients even if you are not receiving enough for yourself. However, in severe cases if there are any concerns about fetal wellbeing your doctor may organise growth scans.

Do I need to be admitted?

The majority of women can be managed on an outpatient basis with rapid rehydration using intravenous fluid and controlling the nausea with anti-sickness injections.

You may need to return a few times; (this is not unusual), until the symptoms are under control.

The decision to admit you will depend on how you respond to rehydration and may be necessary in more severe cases.