



# A guide to...

## Nausea and vomiting during pregnancy

### *Patient information*

#### How to contact us

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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](mailto:westherts.pals@nhs.net)



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## **What is nausea and vomiting in pregnancy?**

Nausea and vomiting in pregnancy (NVP) is very common and affects up to 90% of pregnant women. It typically begins early in pregnancy (around the fourth to seventh week), peaks at the ninth week and settles in most cases by 20 weeks. Occasionally, it can last until the end of pregnancy. A small number of women may suffer with more severe or prolonged symptoms which require hospital treatment. NVP can affect you at any time of day or night.

The exact cause of NVP is not fully understood, but it is thought to be related to hormonal changes. We also do not know why some women get it worse than others. However, it is more likely if:

- You have had it before
- You are having more than one baby (twins or triplets)
- You have a molar pregnancy (a rare condition where the placenta overgrows and the baby does not form correctly).

Other causes of vomiting also need to be excluded like a kidney infection, gastritis (inflammation of the stomach), appendicitis or gastroenteritis.

## **What is hyperemesis gravidarum?**

In its most severe form, NVP can lead to severe dehydration nutritional deficiencies and significant weight loss. This is called hyperemesis gravidarum (HG) and it affects up to 3% of all pregnancies. The majority of women with HG require hospital treatment at some point.

## **How will this affect my baby?**

There is no evidence that NVP affects the baby in any way. If you have severe, prolonged NVP or HG in pregnancy, you might be offered extra growth scans later in the pregnancy if felt necessary by your obstetrician or midwife.

## **How will it make me feel?**

Nausea and vomiting is unpleasant and can significantly affect your day-to-day life. We know it can affect your mood, your work and your home life, including your ability to look after your family or loved ones.

## **How is NVP/ HG diagnosed?**

There is no specific test. The doctor, pharmacist non-medical prescriber or nurse will make an assessment of how dehydrated you are. The following tests will be performed:

- A questionnaire about your symptoms
- Urine test
- Blood tests
- General health check including blood pressure, pulse, respiratory rate and temperature
- Baseline weight check

## **What treatment will I require?**

If you are unable to tolerate fluids, you will require fluid replacement through a vein in your arm given over a short period of time. In addition, you will be offered anti-sickness medication, called anti-emetics. These can be given by mouth or by injection (again through a vein or rarely into a muscle). We also recommend Thiamine (Vitamin B1) replacement given as a drip or tablet and high dose Folic acid. You may also require an antacid drug such as omeprazole to protect the stomach lining.

Pregnant women are at increased risk of developing blood clots in the legs (deep vein thrombosis) and in the lungs (pulmonary embolus). This risk increases if you are dehydrated and less mobile. To reduce your risk of developing blood clots with NVP or HG, you will be advised to wear compression stockings and for most women, heparin injections will also be advised to help to thin the blood. These injections are usually given whilst receiving treatment during an admission to hospital but also during outpatient management and in some cases after hospital discharge until the HG resolves.

## **What anti-sickness medication is offered?**

Every pregnancy is different and not all medications will work for every woman. There are a variety of anti-emetics that you might be offered, either alone or as a combination. Not all of them are licensed for use in pregnancy but there is no evidence that they cause harm to your baby. These might include:

- Cyclizine, this is usually the first choice of anti-emetic. It can be given orally or by injection into the vein or muscle.
- Prochlorperazine and promethazine can also be used when cyclizine alone does not work. They can either replace cyclizine or be used in combination.
- Metoclopramide or Ondansetron are also used if deemed appropriate anti-emetic drugs but there are some limitations to their use which medical staff will explain to you.
- As a last line treatment, Xonvea (Doxylamine with Pyridoxine) and corticosteroids might need to be used if you develop resistant symptoms despite receiving the above medications.

## **Where will my treatment happen?**

Recent evidence from clinical trials has shown that women who receive treatment for NVP and HG as an out-patient (i.e. do not stay in hospital) recover as quickly as women who stay overnight in hospital. This is known as ambulatory treatment and will be provided in Ambulatory Emergency Care (AEC) Unit. Initiation of treatment may start in the hospital Emergency departments, if you are first seen there.

## **Will I need to stay in hospital?**

Only a few women will need to be admitted to hospital. If you have abnormal blood tests, a co-existing medical condition, weight loss over 5% of your pre-pregnancy weight or you are unable to tolerate oral anti-emetics you might need to stay in hospital.

## **Will I require an ultrasound scan?**

If you have not had an ultrasound scan in your pregnancy by the time you are receiving treatment for NVP/ HG, the Early Pregnancy Unit will arrange one for you. Your treatment is the most important aspect of caring for you and therefore your scan might not happen on the first day you present to the hospital.

## What can I do to help?

If you are taking iron tablets, they are particularly known to make your symptoms worse, and you may need to stop taking. However, this must be discussed with a doctor prior to doing so.

### Try to make some lifestyle changes, such as:

- Get plenty of rest.
- Avoid any foods or smells that trigger symptoms.
- Eating small but frequent meals. Eat little and often of whatever you fancy. Dry foods that are high in carbohydrate are best, such as bread, crackers, etc. Eating a biscuit about 20 minutes before getting up is said by some women to help. If the smell of cooking triggers nausea aim to eat cold meals.
- Try to avoid spicy, fatty, or fried foods.
- An empty stomach can exacerbate nausea so snacking little and often and keeping snacks nearby may help with symptoms.
- Eat cold meals rather than hot meals.
- Drink plenty of fluids, some women may find fizzy drinks or flavoured water are better tolerated when compared to plain water (sipping them little and often may help prevent vomiting).
- Ginger based products might help some women with mild to moderate NVP.
- Some women benefit from alternative therapies such as acupressure or acupuncture.

## After discharge

When you have received the treatment in hospital, you will be given a supply of oral anti-emetics to take home.

If you are still having ambulatory treatment, nursing staff in Gynaecology Ambulatory Care Unit (GACU) will contact you the next day to make a telephone assessment of your symptoms and to see if you need to come back for further treatment in GACU or need to be admitted to hospital. Please inform nursing staff if you will not be able to keep the follow-up appointments you are offered. If you fail to attend, we may unfortunately need to discharge you to your GP if we cannot get hold of you by phone after three attempts. (Please inform staff if you do not want to share your medical information with your GP.) When you start to feel better, you can discuss with your healthcare professional or GP when to start reducing the number of tablets you are taking.

If you are discharged home and your symptoms return or get worse, you should sip fluids regularly and take the anti-emetics as they were prescribed for you. You should ask your GP for a repeat prescription **before** your medications run out. Use the telephone numbers in this leaflet to contact us for advice or if you are unsure about anything related to your treatment. You can also self-refer back to GACU after discharge if you were known to our service but only during the same pregnancy.

## Useful Contact Details

Gynaecology Day Assessment Unit (Monday to Friday 9.00am-5.00pm) **01923 217 344**

Early Pregnancy Unit (Monday to Saturday 09:00 -16:00) **01923 217 831**