

PATIENT EDUCATION

The American College of
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WOMEN'S HEALTH CARE PHYSICIANS

Pregnancy • EP126

Morning Sickness: Nausea and Vomiting of Pregnancy

Nausea and vomiting of pregnancy is a very common condition. Although nausea and vomiting of pregnancy often is called "morning sickness," it can occur at any time of the day. Nausea and vomiting of pregnancy usually is not harmful to the developing baby, but it can have a serious effect on your life, including your ability to work or do your normal daily activities. Safe treatment options are available that can make you feel better and keep your symptoms from getting worse.

This pamphlet explains

- risk factors for nausea and vomiting of pregnancy
- diet and lifestyle changes
- medical treatment

Facts About Nausea and Vomiting of Pregnancy

Nausea and vomiting of pregnancy usually starts before 9 weeks of pregnancy. For most women, it goes away by the second trimester (14 weeks of pregnancy). For some women, it lasts for several weeks or months. For a few women, nausea and vomiting of pregnancy lasts throughout the entire pregnancy.

Some women feel nauseated for a short time each day and may vomit once or twice. This usually is defined as mild nausea and vomiting of pregnancy. In more severe cases, nausea lasts several hours each day and vomiting occurs more frequently. Deciding to seek treatment

depends on how much nausea and vomiting of pregnancy affects your life and causes you concern, not whether your condition is "mild" or "severe."

The most severe form of nausea and vomiting of pregnancy, called *hyperemesis gravidarum*, occurs in up to 3% of pregnancies. This condition may be diagnosed when a woman has lost 5% of her prepregnancy weight and has other problems related to *dehydration* (loss of body fluids) [see box]. Women with hyperemesis gravidarum need treatment to stop their vomiting and restore body fluids. Sometimes treatment in a hospital is needed.

Signs of Dehydration

Nausea and vomiting can cause you to lose fluids. If fluids are not replaced, it can lead to dehydration. You should call your obstetrician or other health care professional if you have the following signs and symptoms of dehydration:

- You have a small amount of urine that is dark in color or you are unable to urinate.
- You cannot keep down liquids.
- You are dizzy or faint when standing up.
- You have a racing or pounding heartbeat.

Risk Factors

Some women may be more likely to have severe nausea and vomiting of pregnancy than others. If you have any of the following factors, your risk of severe nausea and vomiting of pregnancy may be increased:

- Being pregnant with more than one baby (multiple pregnancy)
- Past pregnancy with nausea and vomiting (either mild or severe)
- Your mother or sister had severe nausea and vomiting of pregnancy
- History of motion sickness or migraines
- Being pregnant with a female *fetus*

Is It Nausea and Vomiting of Pregnancy or Something Else?

Some medical conditions can cause nausea and vomiting during pregnancy. These include an ulcer, food-related illness, thyroid disease, or gallbladder disease. Your obstetrician may suspect that you have one of these conditions if you have signs or symptoms that do not usually occur with nausea and vomiting of pregnancy. Some of these signs and symptoms include the following:

- Nausea and vomiting that occurs for the first time after 9 weeks of pregnancy
- Abdominal pain or tenderness
- Fever
- Headache
- Enlarged *thyroid gland* (swelling in the front of the neck)

Effects on Pregnancy

Having nausea and vomiting of pregnancy usually does not harm your health or your baby's health. It does not mean your baby is sick. It can become more of a problem

if you cannot keep down any food or fluids and begin to lose weight. When this happens, it sometimes can affect the baby's weight at birth. You also can develop problems with your thyroid, liver, and fluid balance. Because severe nausea and vomiting of pregnancy is hard to treat and can cause health problems, many experts recommend treating nausea and vomiting of pregnancy early so that it does not become severe.

Diet and Lifestyle Changes

Nausea and vomiting of pregnancy cannot be cured, but it can be managed. Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

- Take a multivitamin—Studies show that taking a multivitamin supplement before and during pregnancy reduces the risk of having severe nausea and vomiting of pregnancy.
- Keep snacks by the bed—Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Drink fluids—Your body needs more water during the early months of pregnancy, so aim to drink fluids often during the day. Not drinking fluids can lead to dehydration, which can make nausea worse. If you are having trouble drinking water because of a bad taste in your mouth, try chewing gum or eating hard candies.
- Avoid smells that bother you—Foods or odors that may never have bothered you before may now trigger nausea. Do your best to stay away from them. Use a fan when cooking. Have someone else empty the trash.
- Eat small, frequent meals—Instead of eating three large meals, make sure your stomach is never empty by eating five or six small “mini-meals” each day. Frequent bites of foods like nuts, fruits, or crackers may be helpful.
- Try bland foods—The “BRATT” diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest. If these foods do not appeal to you, try others that do. The goal is to find foods that you can eat and that stay down. If you can, try to add a protein food at each meal. Good nonmeat sources of protein are dairy foods (milk, ice cream, yogurt), nuts and seeds (including nut butters like almond butter and peanut butter), and protein powders and shakes.
- Try ginger—Ginger ale made with real ginger, ginger tea made from fresh grated ginger, ginger capsules, and ginger candies can help settle your stomach.

If you do vomit a lot, it can cause some of your tooth enamel to wear away. This happens because your stomach contains a lot of acid. Rinsing your mouth with a teaspoon of baking soda dissolved in a cup of water may help neutralize the acid and protect your teeth.

Medical Treatment

If diet and lifestyle changes do not help your symptoms, or if you have severe nausea and vomiting of pregnancy, medical treatment may be needed. Your obstetrician or other health care professional will first want to know whether your nausea and vomiting are due to nausea and vomiting of pregnancy or another medical cause. If other causes are ruled out, certain medications can be given.

Vitamin B₆ is a safe, over-the-counter treatment that may be tried first for nausea and vomiting of pregnancy. Doxylamine, a medication found in over-the-counter sleep aids, may be added if vitamin B₆ alone does not relieve symptoms. A prescription drug that combines vitamin B₆ and doxylamine is available. Both drugs—taken alone or together—have been found to be safe to take during pregnancy and have no harmful effects on the baby.

If these two drugs do not work, “antiemetic” drugs may be prescribed. These drugs prevent vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. Others have conflicting or limited safety information. For example, a drug called ondansetron is highly effective in preventing nausea and vomiting. Some studies show a possible association between its use during early pregnancy and specific *birth defects*, but other studies do not. It also has been linked to heart rhythm problems in people taking the drug, especially in those who have certain underlying conditions.

The decision to use ondansetron and other drugs with similar safety information during pregnancy is based on whether the benefits of these drugs outweigh their potential risks. You and your obstetrician or other members of your health care team can discuss all of these factors to determine the best treatment for your personal situation.

If your nausea and vomiting is severe or if you have hyperemesis gravidarum, you may need to stay in the hospital until your symptoms are under control. Lab tests may be done to check how your liver is working. If you are dehydrated from loss of fluids, you may receive

fluids and vitamins through an intravenous (IV) line. If your vomiting cannot be controlled, you may need additional medication. If you continue to lose weight, sometimes tube feeding is recommended to ensure that you and your baby are getting enough *nutrients*.

Finally...

Nausea and vomiting are common during the first part of pregnancy. Mild nausea and vomiting of pregnancy often can be managed with diet and lifestyle changes. If these changes do not relieve your symptoms or if your nausea and vomiting of pregnancy is severe, tell your obstetrician or other health care professional. Treatment usually is recommended to make sure your symptoms do not get worse.

Glossary

Birth Defects: Physical problems that are present at birth.

Dehydration: A condition that results from loss of water from the body.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

Hyperemesis Gravidarum: Severe nausea and vomiting during pregnancy that can lead to loss of weight and body fluids.

Nausea and Vomiting of Pregnancy: A condition that occurs in early pregnancy, usually starting before 9 weeks of pregnancy.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the trachea (or windpipe). It makes, stores, and releases thyroid hormone and thyroid-releasing hormone that control the rate at which every part of the body works.

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