

Fact sheet

Nausea and Vomiting in Pregnancy – hyperemesis gravidarum

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This fact sheet will help you manage your nausea and hopefully prevent you from needing to come into hospital because of vomiting.

Background

Feeling sick in the stomach during early pregnancy is a very common problem.

- 80 - 90% of women have symptoms of nausea; some also have vomiting.
- Most women will feel better by 12 - 16 weeks but 15% will continue having symptoms until the last 3 months and 5% will continue up until birth.
- Although this is sometimes called 'morning sickness' the feelings are not actually more common in the morning and can happen at any time of the day or even at night.
- The good news is that while nausea and vomiting in pregnancy are unpleasant, there are a number of simple ways to manage them.
- Also on the positive side, feeling sick in early pregnancy is usually a sign of a healthy pregnancy.
- In about 1% of women, vomiting can become quite severe and cause dehydration (being very dry, very low on body fluids), severe weight loss and extreme weakness.
 - This is given the name hyperemesis gravidarum (excessive vomiting during pregnancy).
 - If this happens to you, a short admission to hospital may be necessary for rehydration with fluid via a drip into a vein and to plan the best combination of medications to get your vomiting under control.

What causes vomiting during pregnancy?

- Nausea and vomiting during pregnancy are thought to be due to hormones produced by the placenta which feeds the baby.
- The hormone most likely to play a role is called bhCG, which reaches a peak at about 12 - 13 weeks, before dropping back to a lower level for the rest of pregnancy. This drop in bhCG occurs about the time most women start to feel better.
- In a few cases, vomiting occurs in pregnancies where there are higher bhCG levels such as twin or triplet pregnancies, or where there is an abnormal placenta such as a molar pregnancy. [see fact sheet on molar pregnancy]
- On the other hand, most of the time, severe vomiting occurs in normal pregnancies with just one baby, a normal placenta and normal bhCG levels. The fact is we don't actually know why most women have nausea while only a very few have severe vomiting.
- It is important to note that just like in people who are not pregnant, other conditions can also cause vomiting. Especially if there is pain or if vomiting occurs for the first time later in pregnancy, it is very important to contact the hospital and come in for a check up.

Important Note:

Vomiting associated with pain or other symptoms, or vomiting that occurs for the first time after the early months of pregnancy is not normal and may be due to something serious.

You should immediately contact the hospital and come in for a check up.

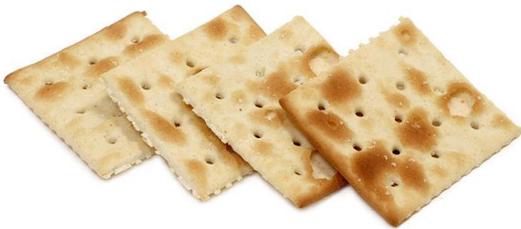
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What should I eat and drink?

- Try to drink and eat small amounts throughout the day particularly at times when you feel less sick. Sucking on a lolly or chewing gum also helps some women.
- Cold fluids such as sports drinks, weak cordials and fruit juices diluted with water, as well as herbal teas and clear soups are often helpful. Ice blocks also provide fluid slowly which reduces your chances of vomiting.
- Plain foods in small amounts are recommended. The food should not be too fatty or spicy - dry crackers, bread with spreads like jam or vegemite, mashed potatoes, steamed rice and plain steamed foods, are good.
- Avoid having an empty stomach as this can make you feel worse. Eating some toast or crackers before getting up can be helpful.



- Try to cook simple meals or get someone to help cook and freeze meals for your family. Often the smell of cooking or spices can make your nausea worse.
- Frequent vomiting can harm your teeth. To protect them, brush regularly but not within an hour of vomiting. Rinsing your mouth with weak bicarbonate of soda solution after vomiting or chewing sugar free gum will help protect them.
- Resting helps some women. On the other hand, others find keeping busy works better for them as it keeps their mind off the nausea.

Is there anything I can take to stop the nausea?

There are some simple treatments you can buy at your pharmacy which often help you feel less sick on the stomach including:

- ginger tea or tablets - up to 250mg four times a day is safe;
- accupressure wristbands - often used for sea sickness; and/or
- pyridoxine (vitamin B6) - 25 mg three times a day (can increase to 50mg three times a day).

Is there anything I can take to stop vomiting?

The above options are often quite good for nausea, but if you have vomiting more than just a few times a day, you will probably need something more.

Medications you can buy over the counter include:

Doxylamine (Restavit®, Dozile®, other brands)

- This is mostly used as a mild sleeping pill but it also works well for nausea and vomiting in pregnancy. It has been taken by millions of pregnant women and is classified as a safe medication for use in pregnancy.
- Even in the small dose recommended in the blow table below, doxylamine can make you feel sleepy. You should not drive or use machinery for 6 - 8 hours after taking it. Also, if daytime sleepiness is a problem for you, you should take it only at night.
- Doxylamine can also sometimes cause a dry mouth or constipation.

Ranitidine (Zantac) [^](see p.6 for 2019 caution)

- This reduces the acid in your stomach and often makes you feel much better.
- It is classified as a safe medication for use in pregnancy. It has few side effects; rarely may cause headache.

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Try this combination of over-the-counter medications taken together for vomiting:

	Morning	Afternoon	Night
Doxylamine	½ of 25mg tablet	½ of 25mg tablet	25mg tablet
Vitamin B6	25mg (can increase to 50mg)	25mg (can increase to 50mg)	25mg (can increase to 50mg)
Ranitidine[^]	150mg		150mg

[^]See p.6 for 2019 caution about ranitidine. Another acid-reducing medication, **Rabeprazole** 20mg in the morning, can be used instead of Ranitidine, but it cannot be bought over the counter - it needs a prescription from your doctor.

Other Medication

If the above suggestions aren't helping and you are struggling to function properly, it is important to talk to your obstetrician or our Early Pregnancy Assessment Clinic (EPAC ph: 9845 9193, open 365 days a year - leave a message and we will call you back).

There are many other safe medications which can be used to reduce your vomiting. The table later in this Fact Sheet contains a few examples, but your obstetrician may also prescribe medications not on this list - it depends on what appears best for you.

Women sometimes worry about taking medicine to stop vomiting and severe nausea early in pregnancy, as they fear it may harm their baby.

Most of the medications recommended have been used by millions of pregnant women and are considered very safe.

In addition, being severely dehydrated and unable to keep food or drink down is not good for you or your baby.

Admission to Hospital

If your vomiting is severe, we may have to admit you to hospital for a few days so we can try and help you feel better.

This is especially the case if you are not keeping down much in the way of food or fluid, and are becoming dehydrated.

In hospital we will:

- do a check up to try and work out if there is an unusual reason for your vomiting;
- give you fluids and salts via a drip line into a vein to fix your dehydration;
- do some blood tests to look for unusual reasons for your vomiting and help decide which drip line fluids are best for you to have;
- do a pregnancy ultrasound if not already done
- give you medication to control your vomiting;
 - importantly, over the next few days, we will try and work out the best combination of medication so that you will be better able to manage your nausea and vomiting at home.
- give you some vitamins, especially Vitamin B1 (thiamine) which is important when people have been vomiting a lot;
- possibly give you injections to prevent clots forming which can block blood vessels in your legs or pelvis (deep vein thrombosis - DVT);
- involve a dietitian in planning your diet if you need one; and
- give you emotional support
 - our midwifery and medical teams are available to give you and your family emotional support during this difficult time;
 - in addition, our social worker is also available if you would like to talk to her.

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Before you go home from hospital, we will help you learn to manage your fluids, diet and medications so that you can keep your vomiting under the best possible control.

To work well, the medications recommended to you generally need to be taken regularly until you are feeling a lot better.



Psychological Effects

- Nausea and vomiting in pregnancy are common while severe vomiting needing admission to hospital is rare.
- However, even if the problem is only nausea without vomiting, it is an unpleasant symptom that makes everyday life a bit of a struggle. Thankfully, for most women, it settles by about 14 weeks.
- If you have severe vomiting, it can be an incredibly difficult time, one of the hardest in your whole life. Especially if it goes on for months, it can begin to feel as if it is never going to end.
- It is also a difficult time for your partner and family, who are keen to help but limited in what they can offer.
- Thankfully, the right combination of medication makes a big difference to most women. We will try to work out what is right for you.
- Our staff are available to give psychological support as well. Please let us know if there is anything in particular we can assist you with.

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Other medication to treat nausea and vomiting in pregnancy

Medication	Possible side effects
<p>Promethazine (Phenergan® or Valoid®/Nausicalm®)</p>	<ul style="list-style-type: none"> • Can make you sleepy, constipated and/or have a dry mouth. • Uncommonly, it can cause restlessness or muscle jerks – if this happens stop the tablets and speak with your doctor. • Classified as safe during early- and mid-pregnancy but big doses are best avoided in the last few weeks as the medication can sometimes cause temporary jerking in the baby.
<p>Metoclopramide (Maxolon®)</p>	<ul style="list-style-type: none"> • Can cause sleepiness and weakness/tiredness in some women. • Uncommonly, it can cause restlessness or muscle jerks – if this happens stop the tablets and speak with your doctor. • Classified as safe throughout pregnancy at a maximum dosage of 10mg three times a day. Best to avoid prolonged use. • It does not seem to work as well as doxylamine or promethazine for most pregnant women with vomiting.
<p>Prochlorperazine (Stemetil®) Can be used as a tablet or as a suppository (put inside the rectum).</p>	<ul style="list-style-type: none"> • Can make you sleepy, constipated and/or have a dry mouth. • Uncommonly, it can cause restlessness or muscle jerks – if this happens stop the tablets and speak with your doctor. • Classified as safe during early and mid pregnancy but big doses are best avoided in the last few weeks as the medication can sometimes cause temporary jerking in the baby.
<p>Ondansetron (Zofran®) This can be given as a tablet or as a wafer which dissolves under the tongue.</p>	<ul style="list-style-type: none"> • Constipation is the most common side effect (laxatives should always be taken with ondansetron). • Has been used less than the other medications in pregnancy but experience has been reassuring about safety with no increase in birth defects or other problems for the baby. • More expensive than other options.

We welcome further feedback on this brochure as a way of continually improving our service.

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WSLHD-Get_Involved@health.nsw.gov.au

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Ranitidine Contamination Problems 2019

^(from pages 2 and 3)

- Ranitidine is a medication that reduces the acid in the stomach.
 - It is popular for the treatment of heartburn & indigestion in the general population.
 - It also often helpful in the management of nausea and vomiting in pregnancy.
 - Ranitidine has many different brand names. Some have 'ranitidine' in the title but some don't. Other names include Zantac and Rani 2, while some are just labelled as acid & heartburn medication.
- In September 2019, **ranitidine** medications in many countries were found to possibly contain, by accident (contamination), a very small amount of a substance called N-nitrosodimethylamine (NDMA).
 - NDMA is *commonly found* in smoked and cured meats, as well as some drinking water and in air pollution.
 - If a person eats, drinks or breathes in NDMA over many years, that may result in a small increase in the chance of the person developing cancer.
 - NDMA *should not be found* in ranitidine medication, even in the low levels that have been discovered.
- Because of the possible NDMA contamination, most ranitidine products have been withdrawn from sale so that testing of the medication can be carried out.
 - Once the problem is fixed, it is expected that ranitidine (without the NDMA contamination) will be available once again.
 - This is good news since pure ranitidine is an excellent medication that has been safely used by millions of people for many decades.
- **Until the NDMA situation is sorted out, we advise pregnant women not to take ranitidine.**
 - If stomach acid or heartburn are a problem, you should get a prescription for **rabeprazole**, or a similar medication, from your doctor.
 - If you have already taken ranitidine during pregnancy, the risk from low dose NDMA exposure (if present) is considered very small for both you and your baby. As above, many pregnant women are already exposed to small amounts of NDMA in food, water and air.
- For further information, see the Australian Government Department of Health Therapeutic Goods Administration website.