

Early Pregnancy
Assessment Unit
(EPAU)

Nausea and vomiting in pregnancy

Patient
information
leaflet

NHS
Grampian

This leaflet is intended for women with nausea and vomiting in pregnancy. You may find it useful to share this with your partner or family members to support you with your symptoms.

Where can I find more information?

- Your community midwife
- Your GP
- Early Pregnancy Unit, Aberdeen Maternity Hospital – **01224 551909**
- Ward 3, Dr Gray's Hospital, Elgin – **01343 567220**
- Inverurie Community Maternity Unit – **01467 670920**
- Peterhead Community Unit – **01779 482445**
- Royal College of Obstetrics and Gynaecology website - **<https://www.rcog.org.uk/en/patients/patient-leaflets/pregnancy-sickness/>**
- Pregnancy Sickness support charity
www.pregnancysicknesssupport.org.uk

Nausea and vomiting are common symptoms of pregnancy, which affects up to 70-80% of all pregnant women. It often begins between the 4th and 7th week of pregnancy and will usually settle by 12-14 weeks, however some women may find it lasts longer. Although it is commonly known as 'morning sickness' it may happen at any time of day or night. Pregnancy hormones are thought to be the cause; however, it is not clear why some women have worse nausea and vomiting than others.

Although pregnancy may be the cause it is important that we consider other reasons of vomiting, especially if you have pain in your stomach, you are unwell or your vomiting begins after you are 12 weeks pregnant.

Hyperemesis Gravidarum is the most severe form of nausea and vomiting in pregnancy, affecting approximately 1.5% of women. The vomiting can last up to 20 weeks and in a very small number of women it may last until your baby is born. Prolonged nausea and vomiting can lead to dehydration and significant weight loss. Signs you are becoming dehydrated include feeling increasingly thirsty, a change in colour of your urine (from light to dark yellow-brown) and feeling unwell.

Nausea and vomiting in pregnancy can be very difficult to cope with and may affect all aspects of your life. It can have a significant impact on your mental health. Speak to your partner, friends and relatives for support. Your midwife is also able to support you. If you feel that it is persistently lowering your mood you should speak to a healthcare professional.

Will Nausea and Vomiting harm my baby?

There is no evidence that nausea and vomiting in pregnancy has a harmful effect on your baby.

Women with severe nausea and vomiting or hyperemesis gravidarum with repeated admissions to hospital for treatment of their symptoms have a small increased chance of having a baby with a lower birthweight than expected. You may therefore be offered additional scans to monitor the growth of your baby.

What can I do to help my symptoms?

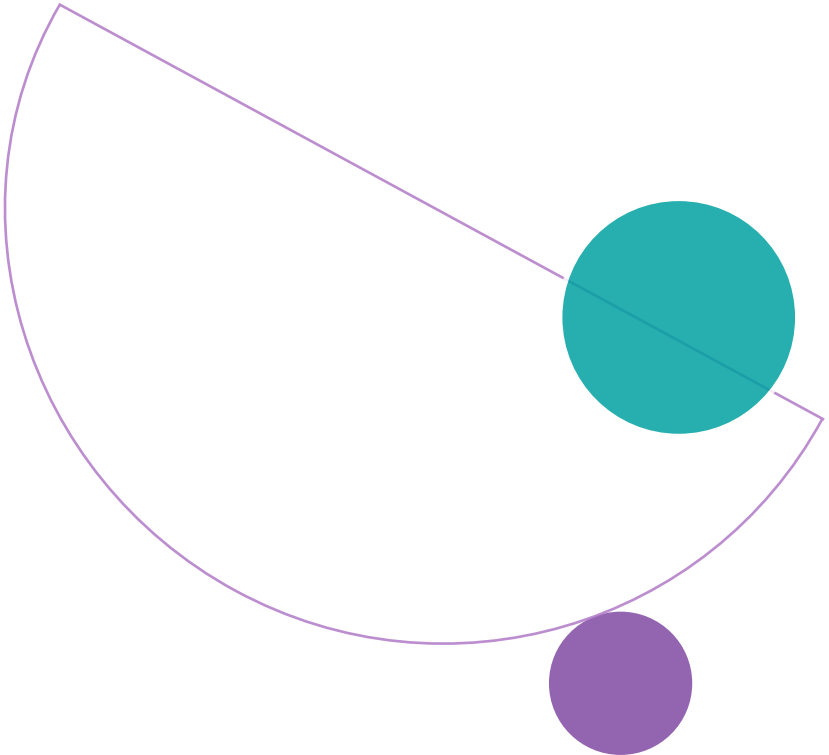
The majority of women with nausea and vomiting in pregnancy will be able to manage their symptoms themselves. You should: eat little and often, eat meals high in carbohydrate and low in fat (i.e. potato, pasta, rice), eat plain food like crackers and avoid smells / tastes which trigger symptoms. Some women find that ginger may help. Complementary therapies including acupuncture and acupressure may also be helpful and are believed to be safe in pregnancy.

If your symptoms are not settling or are affecting your day to day life, you can see your GP, who may offer you an anti-sickness tablet. Only medications which are safe to have in pregnancy will be offered.

What do I do if my symptoms are not relieved?

First you should contact your GP or midwife. Your GP can commence anti sickness medication if needed. Your doctor or pharmacist will only prescribe medication which is safe for use in pregnancy.

They will discuss any potential side effects and risks for specific medications with you. For those with severe symptoms who are becoming dehydrated and not able to take any food or water by mouth may need to be seen in early pregnancy assessment unit. You can also directly call the Early Pregnancy Assessment Unit for advice on: 01224 551909



What will happen on the Assessment Unit?

You will have a discussion regarding the length of your symptoms, how much fluids / food you are keeping down, which medications you have tried (if any), if your weight has changed, whether you have any other symptoms and whether you have had this in a previous pregnancy. You will have your weight measured, urine tests, vital signs (temperature, pulse, and blood pressure) and may have blood tests. An early ultrasound scan may be arranged if you have hyperemesis gravidarum, the most severe form of nausea and vomiting in pregnancy.

If you aren't able to drink enough and show signs of dehydration diagnosed by a health care professional you may be offered fluids given through a vein in your arm over a short period of time. You may also be given anti-sickness medication which include an injection. If you feel better after this you will likely be able to go home. Where possible, it is best for women to be at home with their support network as soon as possible once able to take some fluids and anti-sickness tablets. You may not feel back to normal, because it can take some weeks for the symptoms to reduce. You will be discharged from the assessment unit with a supply of anti-sickness tablets.



Will I need to be admitted to hospital?

The vast majority of women do not require hospital admission. You may need to be admitted to hospital after medical advice if after the fluids and anti-sickness medication you continue to be dehydrated or unwell.

What happens in hospital?

If you are admitted to hospital you will be given fluids through a vein in your arm. This will continue until you are able to drink sufficient fluids. We will monitor the fluid you are taking in and how much urine you are passing. We will be regularly checking your temperature, blood pressure, pulse, weight and urine. You will be offered anti-sickness medications and a vitamin called thiamine. Both can be given through the drip if you are unable to take them as tablets. You will be given a once daily heparin injection and compression stockings to reduce the risk of blood clots in the legs and lungs whilst staying in hospital. You may be given an anti-acid tablet if you are having symptoms of reflux. If you are not already taking the higher dose Folic acid tablet, you should now take the 5mg tablet once daily, until week 12 of pregnancy.

When you start to feel better, you can try drinking and eating small amounts, slowly building up to a more normal diet. You may find for some weeks you are unable to eat particular foods or large portions.

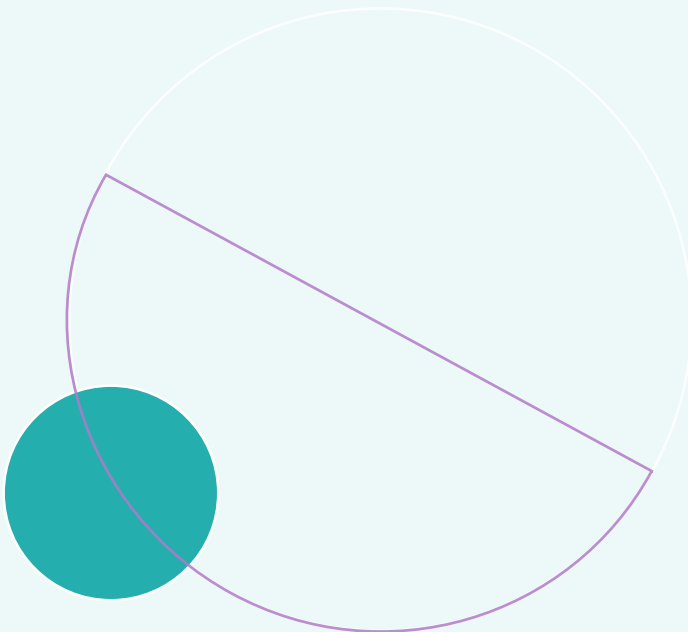


What anti-sickness medication will I be offered?

There are a few different anti-sickness medications which you may be offered. All of the anti-sickness medications we use are safe for you to take in pregnancy however your doctor or pharmacist will discuss there are some potential side effects and risks.

All of these anti-sickness tablets can make you feel drowsy, if you are affected do not drive or use heavy machinery. Some can also increase constipation.

Steroids may be considered in severe cases and will be only used where all other measures have failed. You will be reviewed by a senior obstetrician to discuss the risks and benefits of steroids if you have hyperemesis gravidarum and other treatments have failed.



What happens when I am discharged home?

You will be given anti-sickness medications to continue to take at home. You are likely to need to take the tablets regularly to control your symptoms.

If you are feeling better you may be able to cut down the number of tablets. If you feel worse, you should try taking your tablets more regularly again, continue sipping fluids and eating little and often. It is important to get a repeat prescription from your GP so you don't run out of your tablets.

If your symptoms worsen despite treatment you should contact your GP, Community Midwife, Early Pregnancy Assessment Unit (EPAU) (Aberdeen Maternity Hospital) or Ward 3 (Dr Gray's Hospital, Elgin) if this happens. Rarely, women with severe nausea and vomiting or hyperemesis gravidarum can become more unwell despite treatment and if your symptoms and oral intake is not improving despite initial treatment you must seek medical help.

Where can I find more information?

- Your Community Midwife
- Your GP
- Early Pregnancy Unit, Aberdeen Maternity Hospital – **01224 515909**
- Ward 3, Dr Gray's Hospital, Elgin – **01343 567220**
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Useful contact details

Early Pregnancy Assessment Unit (EPAU)
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