

# Being sick (vomiting) in pregnancy

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Information for Patients

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## Why am I feeling or being sick?

Being sick (vomiting) in pregnancy is very common. Over 8 out of 10 women will feel sick (nausea) and/ or be sick (vomit) in early pregnancy.

For most women the symptoms can be managed by themselves or with the help of the GP. For other women, they become dehydrated and need fluids through a drip as well as anti-sickness medication.

## Why am I so sick?

Although there is no definite proof, it is believed that some hormones of pregnancy cause some women to feel very sick. Some conditions increase the chances of severe sickness, such as having twins, which cause hormone levels to be raised.

This excessive nausea and vomiting is called hyperemesis gravidarum (HG) and may need hospital treatment. It is thought about 1 to 3 in every 100 pregnant women have hyperemesis gravidarum. Symptoms include:

- long lasting and severe nausea and vomiting
- being dehydrated. Symptoms of dehydration include, feeling thirsty, tired, dizzy or lightheaded, not passing much urine and having dark yellow and strong-smelling urine
- weight loss
- low blood pressure (hypotension) when you stand up

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## What can I do to help reduce the sickness?

- Try to drink plenty of water but sip rather than drinking too much at once. Aim for 2 litres a day in between meals.
- Try to eat little and often. Have small amounts of food with low fat and high carbohydrate content such as plain rice, bread and crackers. Have a biscuit as soon as you wake in the morning. An empty stomach is more likely to start the cycle of nausea and retching (being sick but nothing comes out). Cold food is best if the smell of food makes you feel sick. Avoid fatty and spicy food.
- Try ginger and peppermint containing foods, they usually settle the stomach.
- Use travel sickness bands.
- Eat whatever will stay down. Getting calories is the most important thing rather than worrying too much about your “5 a day”.
- Sometimes the simple measures mentioned above on their own are not enough and fluids through a drip and medicines are needed.
- If your GP sends you to hospital because you are being sick a lot you will be seen and assessed using a sample of your **pee** (urine). This is to check for urine infection and see how dehydrated you are and blood tests. You will normally be given 2 to 3 litres of fluid and vitamin supplements through a drip, and given anti-sickness medication, usually in the form of an injection. A small number of women may be admitted onto a ward for an overnight stay but most go home the same day.

## What treatment will be given?

**Anti-sickness medicines** may be prescribed to help reduce the vomiting, although they may not stop all the sickness. The medicines we prescribe are not known to harm your growing baby although some have been used for longer than others.

- **Promethazine** is licensed for use in pregnancy so will be tried first.
- If this doesn't help **Cyclizine** or **Prochlorperazine** will be tried next.
- If none of the above work, **Ondansetron** will be tried. Studies suggest this is safe and effective in pregnancy but as there is less evidence than the other medications, it will be offered after they have been tried first. There is some evidence of a small increase in abnormal development of your baby's lips and mouth if you take ondansetron in the first 12 weeks of pregnancy. Your doctor will talk to you about the risks of the medication versus the benefit of not being sick and being able to eat and drink in pregnancy.

**Anti-acids (Omeprazole and Gaviscon)** may be recommended if you are suffering from heartburn or have blood in your vomit. These are safe in pregnancy.

You will also be given some **vitamin supplements**: folic acid and thiamine (vitamin B1); calcium and vitamin D may also be recommended in severe cases of HG.

If you have been vomiting for a long time, you may need to receive high strength vitamin B supplements through a drip. This is called **Pabrinex** and is safe in pregnancy.

## What happens if I need to stay in hospital?

If you need to stay in hospital because of your sickness, you will be

- given anti-sickness medications and fluids through a drip.
- offered treatment to reduce the risk of blood clots in the veins of your legs (deep vein thrombosis (DVT)) or a blood clot in the lungs (pulmonary embolism (PE)).
- asked to wear special stockings (TED stockings) that help prevent blood clots from forming.
- given **blood thinning injections** once a day.
- encouraged to keep hydrated as these steps all reduce the risk of the blood clots.

Very occasionally women do not respond to anti-sickness medicines alone and need **steroid tablets** to make you feel hungry. Steroids usually work very well. Steroids have been used for a number of years in pregnancy for other conditions such as asthma and inflammatory bowel disease. Although there is no strong evidence that they affect your baby's growth, we monitor baby's growth and care for you in the Maternal Medicine Antenatal Clinic if you have needed steroids at the start of your pregnancy. There may be a small increased risk of growth problems and or development of your baby's lips and mouth if you are treated with steroids. Your doctor will talk to you about the risks of the medication versus the benefit of not being sick and being able to eat and drink in pregnancy. Steroids are given only once you have seen a senior doctor and only when all other treatments have failed. They are normally started in hospital and given through a drip at a high dose, and then as a tablet, getting smaller doses over a number of weeks once you are well enough to go home.

Steroids used for more than a few weeks can have side effects for pregnant women as they can in any person and these risks. If you need to take them for more than a few weeks, your doctor will talk with you about this along with the plan for the rest of your pregnancy.

Rarely, if you are not able to eat and drink enough for a long time, you may need to have a feeding tube inserted. If all other treatments have failed you may need to be referred for a gastroscopy examination, where a camera is passed down your throat and into your stomach to investigate for other causes of your sickness,

If your sickness is so severe that you are considering ending the pregnancy (termination) then you should consider trying all treatment options first, including steroids. Please speak to your doctor if you feel this way.

In women with severe sickness, advice may be needed from other professionals, such as: dieticians, pharmacists, endocrinologists, nutritionists and gastroenterologists. If your mental health is being affected, your mental health will be assessed and you may be referred for psychological support if needed, sometimes involving a psychiatrist.

## Things to be aware of after you go home

- The vomiting should normally settle by 16 to 20 weeks. Occasionally it goes on for longer.
- It is important to keep taking the anti-sickness medicines until about 16 weeks or until your symptoms of nausea and vomiting stop. If you stop them sooner there is a good chance you will need to come back into the hospital again. The anti-sickness medicine may not stop all of the sickness completely but as long as you are keeping fluids down you should not need to come back to hospital.
- If you are taking more than one anti-sickness medicine, you should take them a few hours apart rather than taking them all at the same time.
- If you have had severe vomiting and dehydration in pregnancy, you are at risk of developing blood clots in the veins of the legs (DVT) or the lungs (PE). These can be very serious and even life threatening. If you develop:
  - pain in the lower leg muscle especially with a swollen, red, hot leg
  - chest pain especially on breathing in,
  - you cough up blood,**you must contact your doctor or midwife immediately to arrange for a test for DVT or PE.**
- If you have other risk factors for clots, you may be given injections to take at home to reduce the risk of developing clots. Otherwise, we advise you to stay active, keep well-hydrated by drinking plenty of fluids and to wear your TED stockings even after you go home.

## Contact details

If you are struggling at home, you can contact

1. Your GP for advice or a repeat prescription of the medications that are helping your sickness
2. **Gynaecology Assessment unit (GAU)** ward on **0116 258 6259** up to 16 weeks of pregnancy for advice.
3. After 16 weeks of pregnancy, contact the **MAU (Maternity Assessment Unit)** on the number in your maternity notes depending on which hospital you are due to give birth at for advice.

You will have open access to GAU for 2 weeks after you have been seen on GAU, which means you can contact the ward directly if you need to be seen again, without seeing your GP for a referral first. **However please telephone ahead and let us know you are coming.**

