

# Being sick (vomiting) in pregnancy

Department of Gynaecology

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 pregnant people will feel sick (nausea) and/ or are sick (vomit) in early pregnancy.

For most pregnant people the symptoms can be managed on their own or with the help of the GP. For others, they become dehydrated and need fluids through a drip and anti-sickness medication.

## Why am I so sick?

It is thought that some pregnancy hormones can cause sickness. Some conditions increase the chances of severe sickness, such as having twins. This is because the hormone levels are raised.

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

- long lasting and severe nausea and vomiting.
- being dehydrated. Symptoms of dehydration include, feeling thirsty, tired, dizzy or lightheaded, not passing much pee and having dark yellow and strong-smelling pee.
- 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**

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

- Try to drink plenty of water. Take frequent small sips rather than drinking too much at once. Drink at least 2 litres of water a day in between meals.
- Try to eat little and often. Have small amounts of food with low fat and high carbohydrate content like 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 being sick but nothing comes out (retching).
- 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 often help 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'.

## When do I need to come into hospital?

Sometimes doing the mentioned above may not be enough. You may need fluids through a drip and medicines.

If your GP sends you to hospital because you are being sick many times, we will see you and do an assessment using a sample of your pee (urine). This is to check for urine infection and see how dehydrated you are. We may also do blood tests.

We may give you:

- 2 to 3 liters of fluid
- vitamin supplements through a drip,
- anti-sickness medication, often as an injection.

We treat you as a day case on the gynaecology assessment unit with fluid management. A small number of patients may be admitted onto a ward for an overnight stay. Most go home the same day.

## What treatment will I be given?

### Anti-sickness medicines

We may prescribe you with this to help reduce the vomiting. This may not stop all the sickness. This medicine is not known to harm your growing baby.

- **Promethazine** is licensed for use in pregnancy so will be tried first.
- If this does not 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. As there is less evidence about this medicine, we will be offer it after

others 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 ondasetron in the first 12 weeks of pregnancy. Your doctor will talk to you about the risks of the medication and the benefit of not being sick and being able to eat and drink in pregnancy.

## Anti-acids (Omeprazole and Gaviscon)

We may recommend these if you are suffering from heartburn or have blood in your vomit. These are safe in pregnancy.

We will give you some **vitamin supplements**: folic acid and thiamine (vitamin B1).

We may also recommended calcium and vitamin D 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.

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

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

- give 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)).
- make you wear special stockings (TED stockings) that help prevent blood clots from forming.
- give **blood thinning injections** once a day.
- encourage you to keep hydrated as these steps all reduce the risk of the blood clots.

## Steroid treatment

Rarely some patients do not respond to anti-sickness medicines alone. We may also need to give **steroid tablets** to make you feel hungry. Steroids often work very well.

Steroids have been used for a number of years in pregnancy for other conditions such as asthma and inflammatory bowel disease. There is no strong proof that it can affect your baby's growth. To be safe, we will monitor the baby's growth and care for you. We will do this in the Maternal Medicine Antenatal Clinic if you need 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 and the benefit of not being sick and being able to eat and drink in pregnancy.

We can give steroid after a senior doctor has seen you and if all other treatments have failed. We begin this in hospital and give the steroid through a drip at a high dose, and then as a tablet. We lower the dose 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. 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.

## Further treatment and specialist support

In rare cases, some pregnant people are not able to eat and drink enough for a long time. We may then need to insert a feeding tube. If all other treatments have failed we may need to refer you for a gastroscopy examination. This is where a camera is passed down your throat and into your stomach to look for other causes of your sickness.

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

When having severe sickness, we may need to get advice from other professionals. This includes dieticians, pharmacists, endocrinologists, nutritionists and gastroenterologists. We will assess your mental health if you are struggling mentally. We may refer you for psychological support if needed. Sometimes this may include a psychiatrist.

## When you go home from hospital:

- The vomiting should often settle by 16 to 20 weeks. Sometimes it goes on for longer.
- You must take your 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. If you can keep your fluids down you should not need to come back to hospital.
- If you are taking more than 1 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 have these symptoms you must contact your doctor or midwife right away to arrange for a test for DVT or PE:**

- pain in the lower leg muscle. This includes swelling, skin being red, hot leg,
- chest pain and pain when breathing in,
- you cough up blood,
- If you have other risk factors for clots, we may give you injections to take at home to reduce this risk. 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. This 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.**

## More information

Pregnancy Sickness Support is a registered UK charity. It works to improve care, treatment and support for women suffering from nausea and vomiting in pregnancy and the severe form of the condition hyperemesis gravidarum (HG).

Information and support can be found on their website: [www.pregnancysicknesssupport.org.uk/](http://www.pregnancysicknesssupport.org.uk/)

If you have any questions, write them down to remind you what to ask when you speak to your nurse/ doctor or consultant.

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