

What is it?

- Nausea or vomiting in pregnancy, sometimes called morning sickness is common in early pregnancy. It can happen at any time of the day and it usually settles by about 16 weeks of pregnancy. However, some women have nausea or vomiting all the way through their pregnancy.
- It is not known what causes nausea or vomiting in pregnancy, although it could be from hormonal changes.
- Nausea or vomiting in pregnancy can make everyday life difficult.. If you are having difficulties with work or home life or if you are finding it hard to eat and drink, seek help from your GP, Midwife or Obstetrician

Will nausea and vomiting harm my baby?

- Nausea and the effort of retching and vomiting in pregnancy does not usually harm your baby.
- Severe nausea and vomiting in pregnancy (hyperemesis gravidarum) can occur for some women. This is when it is hard to eat or drink anything and it may lead to dehydration (when your body does not have enough water), weight loss and vitamin deficiency.
 - If you have these symptoms please seek treatment with your GP, Obstetrician or local Emergency Department. If you are very ill with hyperemesis gravidarum, dehydrated or losing weight, some baby's may be born with a low birth weight.

Do I need special tests?

- Special tests are not needed if you have mild nausea or vomiting in pregnancy.
- If your symptoms become more severe, you are unable to keep food or drink down or you are losing weight, your GP, Midwife or Obstetrician may suggest you have blood and urine tests.

Suggestions for what you can do

- When you can, eat small amounts of foods that are safe in pregnancy.
- Ginger tablets may help you to feel less nauseous. Before taking Ginger tablets, you should discuss this with your GP, Midwife, obstetrician or Pharmacistas the quality of Ginger tablets can vary.
- Drink small amounts of hydrating fluids throughout the day, such as water, soup, tea, aiming for one to two litres every day.
- Rest and sleep when you can, as being tired is thought to make nausea or vomiting in pregnancy worse.

Do I need medication?

If the suggestions above are not working or if your symptoms become more severe you may need medication. Medications that are considered safe in pregnancy for nausea or vomiting include pyroxidine (Vitamin B6), doxylamine, promethazine,

cyclizine and prochlorperazine. There is no evidence that these medications will harm a developing baby. Your GP or obstetrician can prescribe these medications for you.

If the above medications do not work, your GP or Obstetrician can prescribe other medications such as, metoclopramide, ondansetron, ranitidine or rarely prednisolone.

Always discuss taking any medication when you are pregnant with your GP, Midwife/Obstetrician or Pharmacist. Take medications only when they are needed, for some women this may be several weeks or months until you feel better. Occasionally fluid by an intravenous drip (IV) may need to be given at your local hospital. Some women need to be admitted to hospital if they are too dehydrated or lose too much weight, however this is very rare.

Things to do

- Follow up with your GP to help you keep your medications working for you.
- Book in to your local birthing hospital..
- We have included a table on this sheet to help you work out your level of nausea or vomiting.

Motherisk PUQE-24 scoring system: You can use this PUQE tool to help you work out if you need to seek further treatment or change your treatment plan. Add up your score in brackets from each of the three questions.

1. In the last 24 hours, for how long have you felt nauseated or sick to your stomach?

Not at all (1)	1 hour or less (2)	2 to 3 hours (3)	4 to 6 hours (4)	More than 6 hours (5)
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2. In the last 24 hours, have you vomited or thrown up?

I did not throw up (1)	1 to 2 times (2)	3 to 4 times (3)	5 to 6 times (4)	7 or more times (5)
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3. In the last 24 hours, how many times have you had retching or dry heaves without throwing up?

None (1)	1 to 2 times (2)	3 to 4 times (3)	5 to 6 times (4)	7 or more times (5)
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Total score: Mild 3-6; Moderate 7 to 12; severe 13-15 (scores in brackets)

Mild 3 to 6	Continue to use the suggestions above that work for you.
Moderate 7 to 12	Speak to your GP, Midwife or Obstetrician
Severe 13 to 15	Seek medical assistance

You can find more information here*.

*We cannot recommend individual sites as they do not contain supervised content

- Mothersafe. <https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe>
9382 6539 (Sydney Metropolitan Area) Mon to Friday 9am -5pm
- SOMANZ Guideline for the management of nausea and vomiting in pregnancy. <https://www.somanz.org/Index.asp>
- Hyperemesis Gravidarum Australia. <https://www.hyperemesisaustralia.org.au/>

My Pregnancy Plan for Nausea or Vomiting

Date:

Doctor:

Contact:

Patient label

The following plan will be developed with you by your doctor:

My medications for nausea, vomiting or acid reflux.					
These are the medications you can take and how often you can take them each day.					
Name and dose.		Morning (✓ or x)	Midday (✓ or x)	Evening (✓ or x)	Bedtime (✓ or x)
For nausea, vomiting or retching. (name of medication)					
For acid reflux					
For constipation					
Other					

If you feel worse: _____

If you feel better: _____



Nausea and vomiting in pregnancy.

Before your next appointment, please record how you are going with the following:
Bring this record with you, as it can help us all work together.

Eating and drinking: _____

Work or Study:

Family:

Mood:

Did you have a drip (IV) this week? _____

If yes, when? _____

Did it help? _____

You can keep a record of your PUQE score by using the Motherisk PUQE-24 scoring system tool on page 2.

Add your three scores in brackets from the three questions together, and write your total score here for each day.

PUQE-24 score	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Your local contact numbers:

Antenatal Clinic:

Pharmacy:

GP:

Obstetrician:

