



Nausea of pregnancy

Regular pregnancy sickness affects 70-80% of pregnancies and often goes away after the first trimester. Hyperemesis Gravidarum (HG) is a complication of pregnancy when women experience extreme levels of nausea and vomiting, cannot keep fluids down, find it difficult to eat food and lose weight. If you have HG, you need urgent medical help - please see your GP, treating obstetrician or present to the Emergency Room for assessment.

TIPS to manage Nausea of Pregnancy

Dietary changes

- Ensure good nutrition and adequate hydration
- Try to eat before, or as soon as you feel hungry in order to avoid an empty stomach that may aggravate your nausea.
- Try to eat small, frequent, healthy meals. Some women report an improvement when eliminating spicy or fatty foods and eating salty, bland, dry or high protein snacks/meals.
- Fluids are better tolerated if cold, clear, carbonated or sour (e.g. ginger ale, lemonade) taken in small amounts between meals.
- You could try eating some dry crackers before getting out of bed in the morning, getting out of bed slowly and to avoid rushing, or even having a snack in the middle of the night.
- Herbal teas may help with Nausea of Pregnancy, particularly peppermint or ginger teas.

General advice:

- Consider stopping any iron prenatal supplements as these commonly cause nausea (but ensure you are still taking folic acid 400mcg/day and iodine 150 mcg/day).
- Ensure your gut motility is optimal, this can reduce symptoms of nausea. Manage any constipation and reflux symptoms.

Constipation: Aim to have regular fluids, with a high fibre diet

Medication:

Docosate (Coloxyl) 120mg oral once or twice a day

and/or macrogol (Osmolax/Movicol) oral, once or twice a day

and/or lactulose 15 to 30mL oral, once or twice a day

Reflux: Acid suppression medications are available on prescription

Famotidine 20mg tab, once or twice a day (1st line)

Omeprazole 20mg tab, once or twice a day (2nd line)





Dr Miranda Bradley MBBS, MRCGP, DRCOG, GDFPD
Fertility, Perinatal, Women's and Infant Health GP

Anti-nausea medications available Over The Counter:

1. Ginger tablets - 250mg orally, 3 - 4 times a day
2. Can add in : Pyridoxine (Vitamin B6) 10-25 mg 3-4 times per day. Maximum of 200mg per day.
3. Can then add in: Doxylamine (Restavit®, a sedating antihistamine) 25 mg tablets. Start with half a tablet (12.5mg) at night, as it can initially make you feel sleepy, then increase as tolerated to 12.5 mg in the morning and again at midday, and 25 mg at night. The sedative effect usually lessens over a few days of regular usage.

Note:

Pyridoxine (B6) is more effective when used in combination with Doxylamine.

Prevention is better than cure: Nausea is managed better when you take anti nausea medication regularly, helping to prevent symptoms. It works less well if you are already nauseous.

If your nausea or vomiting is not improving, please see your GP or treating obstetrician for assessment and to discuss further management options. This may include prescription medication.

If very unwell and unable to keep fluids down, some people may need admission to a health service or hospital ED for blood tests, IV fluids and IV medication.

Useful resources:

<https://www.hyperemesisaustralia.org.au/>

<https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Nausea-vomiting-in-pregnancy-2021.pdf>

Adapted from SOMANZ guidelines, updated October 2023.

<https://www.somanz.org/content/uploads/2023/12/SOMANZ-Management-of-NVP-Position-Statement-Updated-Oct-2023-FINAL-1.pdf>