



FAQs

Morning Sickness: Nausea and Vomiting of Pregnancy

Frequently Asked Questions

Is nausea and vomiting normal during pregnancy?

Nausea and vomiting of pregnancy is a common condition. It can occur any time during the day, even though it's often called "morning sickness." Nausea and vomiting of pregnancy usually doesn't harm the **fetus**, but it can affect your life, including your ability to work or go about your normal everyday activities. There are safe treatment options that can make you feel better and keep your symptoms from getting worse.

When does nausea and vomiting of pregnancy start?

Nausea and vomiting of pregnancy usually starts before 9 weeks of pregnancy. For most women, it goes away by 14 weeks of pregnancy. For some women, it lasts for several weeks or months. For a few women, it lasts throughout the pregnancy.

What happens when you have nausea and vomiting of pregnancy?

Some women feel nauseated for a short time each day and might vomit once or twice. In more severe cases, nausea lasts several hours each day and vomiting occurs more frequently.

Should I seek treatment for nausea and vomiting of pregnancy?

You should talk with your obstetrician-gynecologist (ob-gyn) or other obstetric care provider if nausea and vomiting of pregnancy affects your life and causes you concern.

Is there a term for severe nausea and vomiting of pregnancy?

[Hyperemesis gravidarum](#) is the term for the most severe form of nausea and vomiting of pregnancy. Hyperemesis gravidarum occurs in up to 3 percent of pregnancies.

When is hyperemesis gravidarum diagnosed?

This condition may be diagnosed when a woman has lost 5 percent of her prepregnancy weight and has other problems related to [dehydration](#), or loss of body fluids (see below). Women with hyperemesis gravidarum need treatment, sometimes in a hospital, to stop the vomiting and restore body fluids.

What are the signs of dehydration?

Nausea and vomiting can cause you to lose fluids. If fluids are not replaced, it can lead to dehydration. You should call your ob-gyn or other obstetric care provider if you have the following signs and symptoms of dehydration:

- You have a small amount of urine that is dark in color.
- You are unable to urinate.
- You cannot keep down liquids.
- You are dizzy or faint when standing up.
- You have a racing or pounding heartbeat.

What are the risk factors for hyperemesis gravidarum?

Any of the following can increase the risk of severe nausea and vomiting of pregnancy:

- Being pregnant with more than one fetus ([multiple pregnancy](#))

A previous pregnancy with either mild or severe nausea and vomiting

- Your mother or sister had severe nausea and vomiting of pregnancy
- A history of motion sickness or migraines
- Being pregnant with a female fetus

Can nausea and vomiting during pregnancy be signs of something else?

Yes, some medical conditions can cause nausea and vomiting during pregnancy. These conditions include:

- Ulcer
- Food-related illness
- Thyroid or gallbladder disease

Your ob-gyn or other obstetric care provider might suspect that you have one of these conditions if you have signs or symptoms that usually do not occur with nausea and vomiting of pregnancy. Some of these signs and symptoms include:

- Nausea and vomiting that occurs for the first time after 9 weeks of pregnancy
- Abdominal pain or tenderness
- Fever
- Headache
- Enlarged [thyroid gland](#) (swelling in the front of the neck)

How might nausea and vomiting of pregnancy affect my health and my fetus's health?

This condition usually does not harm your health or your fetus's health. It also does not mean that your fetus is sick.

When can nausea and vomiting of pregnancy become a problem?

Nausea and vomiting can become more of a problem if you cannot keep down food or fluids and begin to lose weight. When this happens, it sometimes can affect the fetus's weight at birth.

Can weight loss cause other issues?

Weight loss can lead to problems with your thyroid, liver, and fluid balance. Because hyperemesis gravidarum is difficult to treat and can cause health problems, experts recommend early treatment so that it does not become severe.

How can I manage nausea and vomiting of pregnancy?

Changes to your diet and lifestyle might help you feel better. These changes can include:

- Taking vitamins
- Adjusting meal times
- Changing the types of foods you eat

Should I take vitamins?

Yes, take a prenatal vitamin. Studies show that taking a vitamin supplement before and during pregnancy reduces the risk of having severe nausea and vomiting of pregnancy.

What can I do to help with nausea?

- Eat dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Eat five or six "mini meals" a day to ensure that your stomach is never empty.
- Eat frequent bites of foods like nuts, fruits, or crackers.

What kinds of foods might help?

Try bland foods. The BRATT diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest. If these foods don't appeal to you, try others. The goal is to find foods that you can eat and that stay down.

Can protein help?

Yes, try adding protein to each meal. Good nonmeat sources of protein include:

- Dairy foods, such as milk, ice cream, and yogurt
- Nuts and seeds, including butters like almond butter and peanut butter
- Protein powders and shakes

Are any supplements worth trying?

Ginger can help settle your stomach. You can try:

- Ginger capsules
- Ginger candies
- Ginger ale made with real ginger
- Ginger tea made from fresh-grated ginger

Do I need to drink a lot of fluids during pregnancy?

Yes, your body needs more water during pregnancy. Drink throughout the day, not just when you are thirsty. Aim for 8 to 12 cups of water a day during pregnancy.

Not drinking fluids can lead to dehydration, which can make nausea worse. If a bad taste in your mouth makes it hard to drink water, chew gum or eat hard candy.

What can I do if some smells make nausea worse?

Foods or odors that might never have bothered you before might now trigger nausea. Do your best to stay away from them. Use a fan when cooking. Have someone else empty the trash.

How can I protect my teeth from frequent vomiting?

Frequent vomiting can cause some of your tooth enamel to wear away, due to the acid in your stomach. Rinse your mouth with a teaspoon of baking soda dissolved in a cup of water to help neutralize the acid and protect your teeth.

What medications may be used to treat nausea and vomiting of pregnancy?

If diet and lifestyle changes don't help, or if you have severe nausea and vomiting of pregnancy, you might need medical treatment. Your ob-gyn or other obstetric care provider will first want to know whether your symptoms are due to nausea and vomiting of pregnancy or another medical cause. If other causes are ruled out, you may be able to take certain medications:

- Vitamin B6 is a safe, over-the-counter treatment that may be tried first for nausea and vomiting of pregnancy.
- Doxylamine, a medication found in over-the-counter sleep aids, can be added if vitamin B6 alone does not relieve symptoms.
- A prescription drug that combines vitamin B6 and doxylamine is available. Both drugs, taken alone or together, have been found to be safe to take during pregnancy and have no harmful effects on the fetus.

What if B6 and doxylamine don't relieve my symptoms?

"Antiemetic" drugs, which prevent vomiting, may be prescribed for women who aren't helped by other medications.

Are antiemetic drugs safe during pregnancy?

Many antiemetic drugs have been shown to be safe to use during pregnancy. But others have conflicting or limited safety information. For example, a drug called ondansetron is highly effective in preventing nausea and vomiting, but studies are not clear about its safety for the fetus. Ondansetron also has been linked to heart-rhythm problems in people taking the drug, especially in those who have certain underlying conditions.

How can I decide whether to take antiemetic drugs?

The decision to use ondansetron and other drugs during pregnancy is based on whether the benefits of these drugs outweigh their potential risks. You and your ob-gyn or other obstetric care provider can discuss all of these factors to determine the best treatment for you.

Will I need to be in the hospital if my nausea and vomiting are severe?

If your nausea and vomiting are severe or if you have hyperemesis gravidarum, you might need to stay in the hospital until your symptoms are under control.

What kind of care would I get in the hospital?

- Lab tests may be done to check how your liver is working.
- If you are dehydrated, you may receive fluids and vitamins through an [intravenous \(IV\) line](#).
- If your vomiting cannot be controlled, you might need additional medication.
- If you continue to lose weight, a feeding tube may be recommended to ensure that you and your fetus are getting enough [nutrients](#).

Glossary

Dehydration: A condition that happens when the body does not have as much water as it needs.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Hyperemesis Gravidarum: Severe nausea and vomiting during pregnancy that can lead to loss of weight and body fluids.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Multiple Pregnancy: A pregnancy where there are 2 or more fetuses.

Nausea and Vomiting of Pregnancy: A condition that occurs in early pregnancy, usually starting before 9 weeks of pregnancy.

Nutrients: Nourishing substances found in food, such as vitamins and minerals.

Obstetric Care Provider: A health care professional who cares for a woman during pregnancy, labor, and delivery. These professionals include obstetrician–gynecologists (ob-gyns), certified nurse–midwives (CNMs), maternal–fetal medicine specialists (MFMs), and family practice doctors with experience in maternal care.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone, which controls the body’s metabolism and regulates how parts of the body work.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Search for doctors near you.](#)

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