HEALTH BASICS

Managing morning sickness

Morning sickness is nausea, vomiting, or both during pregnancy, often starting early.

WHAT IT IS
Nausea, vomiting, or both during pregnancy

WHERE IT COMES UP
Usually early pregnancy, sometimes continuing beyond mid-pregnancy

WHY IT MATTERS
Can affect hydration, nutrition, sleep, work, and wellbeing

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Midwife, obstetric clinician, GP, or pharmacist

HOW IT IS CHECKED
Symptom review; urine and blood tests when more severe

Overview

Morning sickness is the common name for nausea and vomiting during pregnancy. Despite the name, it can happen at any time of day or night. Some people feel sick without vomiting, while others vomit several times a day.

Morning sickness is not a disease or a diagnosis. It describes a pregnancy-related experience that often begins early and improves by mid-pregnancy. It can continue for longer.

Mild or moderate nausea and vomiting usually do not harm the pregnancy. However, they can make eating, drinking, sleeping, working, travelling, and taking prenatal supplements difficult. Treatment is available, and you do not need to wait until symptoms become severe before asking for help.

Not all vomiting during pregnancy is morning sickness. New, painful, unusually severe, or later-onset vomiting may need assessment for another cause.

How it works

The exact cause is not fully understood. Pregnancy hormones are likely involved, including

human chorionic gonadotropin, or hCG, and oestrogen. Changes in digestion, smell, taste, and sensitivity to certain foods may also contribute.

Pregnancy can slow the movement of food through the stomach and intestines. An empty stomach may worsen nausea for some people, while a full stomach or particular smells may trigger it for others.

Morning sickness is not caused by something you did. Stress and tiredness can make nausea feel harder to manage, but they are not considered its underlying cause.

There is no single test that confirms ordinary morning sickness. A clinician usually asks when the nausea began, how often you vomit, what you can eat or drink, whether you are passing urine normally, and whether you have pain or other symptoms.

If vomiting is frequent or you appear dehydrated, checks may include your weight, pulse, blood pressure, urine, and blood tests. These can look for dehydration, altered body salts called electrolytes, infection, or another explanation.

Why it matters for your health

The main concern is whether you can take in enough fluid and food. Short periods of eating less are common, but ongoing vomiting can lead to dehydration and weight loss.

Signs of dehydration include a dry mouth, strong thirst, dark urine, passing less urine than usual, weakness, dizziness, or feeling faint. Dehydration can make nausea worse and may require treatment with fluids.

Frequent vomiting may also affect electrolyte levels. Electrolytes are minerals, such as sodium and potassium, that help nerves, muscles, and organs work normally.

Morning sickness can have a major effect even when test results are normal. Poor sleep, difficulty working, avoiding social situations, and anxiety about eating are valid reasons to seek support. A clinician can discuss medicines and practical adjustments before the problem becomes harder to manage.

What can go wrong

Hyperemesis gravidarum is severe pregnancy-related nausea and vomiting. It is a medical condition, unlike the general term "morning sickness." It can cause dehydration, electrolyte problems, poor nutrition, and weight loss. Some people need hospital assessment, intravenous fluids, vitamins, or anti-sickness medicine.

Long-lasting severe vomiting can reduce thiamine, also called vitamin B1. Thiamine is needed by the brain and nervous system. Clinicians may give it when vomiting has been prolonged, particularly before certain intravenous sugar-containing fluids or nutrition.

Vomiting may sometimes have another cause. Possibilities include gastroenteritis, a urinary infection, migraine, thyroid disease, gallbladder disease, appendicitis, or a medicine side effect. Abdominal pain, fever, diarrhoea, pain when urinating, or vomiting that begins later in pregnancy may make another cause more likely.

In early pregnancy, one-sided lower abdominal pain, vaginal bleeding, shoulder-tip pain, marked dizziness, or collapse can occur with an ectopic pregnancy. This is when a pregnancy develops outside the uterus and requires urgent assessment.

After 20 weeks, vomiting together with a severe headache, vision changes, sudden swelling, or pain beneath the ribs can be associated with pre-eclampsia, a pregnancy condition involving high blood pressure.

Seek urgent same-day advice from your maternity service or another urgent healthcare service if:

Call emergency services for collapse, confusion, severe breathing difficulty, vomiting blood, severe persistent abdominal pain, or heavy bleeding. Early-pregnancy bleeding with one-sided pain, shoulder-tip pain, or faintness also needs emergency assessment.

- you cannot keep liquids down
- you are passing very little urine or have clear dehydration signs
- vomiting continues despite prescribed treatment
- you are losing weight or cannot manage essential medicines
- you have fever, significant pain, pain when urinating, or repeated diarrhoea

What you can do

Try small amounts of food more often rather than forcing full meals. Plain or carbohydrate-rich foods may be easier to tolerate, but there is no required "morning sickness diet." Choose foods you can manage safely and avoid smells, textures, or meals that reliably trigger nausea.

Sip fluids regularly. Cold drinks, ice, diluted juice, soup, or an oral rehydration drink may be easier than a large glass of water. Some people manage fluids better between meals. Oral rehydration products replace water and electrolytes; a pharmacist can help you select one.

Keep a simple record of:

This record can help a clinician judge whether you need tests, fluids, or medicine.

Ask about prenatal supplements if they worsen nausea. Iron can upset the stomach for some people, but do not stop prescribed iron or folic acid without advice. A clinician or pharmacist may suggest a different timing or formulation.

Vitamin B6, also called pyridoxine, and the antihistamine like cetirizine or loratadine doxylamine are used for pregnancy nausea in some countries. Other anti-sickness medicines are also available. The suitable choice depends on your symptoms, pregnancy stage, medical history, other medicines, and local availability. Ask a maternity clinician, GP, or pharmacist before taking a new product. Some treatments cause drowsiness, and combination products can accidentally duplicate ingredients.

Ginger may reduce mild nausea for some people, although study results are mixed. Supplements can contain concentrated amounts and differ from ginger used in food. Check with a pharmacist or pregnancy clinician before using them. Evidence for acupressure wristbands is also uncertain, though they are generally used without medicine.

Avoid using cannabis for pregnancy nausea. It has not been shown to be a safe treatment during pregnancy and may itself be linked with repeated vomiting.

There is no home test that confirms morning sickness. The useful actions are monitoring hydration, reducing manageable triggers, and asking early about treatment if nausea is disrupting daily life.

- how often you vomit
- what fluids and foods stay down
- how often you pass urine
- any weight change
- pain, fever, bleeding, headache, or urinary symptoms
- medicines and supplements you are taking

Common questions

Does morning sickness only happen in the morning?

No. It can happen at any time and may last throughout the day. The traditional name is misleading.

Does nausea mean the pregnancy is healthy?

Nausea is common in pregnancy, but its presence or absence cannot confirm how a pregnancy

is progressing. Routine pregnancy care and recommended scans or tests provide more useful information.

Should I force myself to eat a balanced diet?

Do not force foods that immediately worsen nausea. In the short term, hydration and tolerable foods may be the practical priority. If your diet stays very limited, ask a clinician or dietitian how to protect your nutrition.

Are anti-sickness medicines safe in pregnancy?

Several medicines have established uses during pregnancy. Each has possible benefits and side effects, and some may not suit your health history or other medicines. A maternity clinician, GP, or pharmacist can help you choose an appropriate option.

When should I mention it at a routine appointment?

Mention nausea if it affects eating, drinking, sleep, work, mood, supplements, or medication. Routine follow-up is appropriate when you remain hydrated and have no warning signs. Do not wait for a routine appointment if you cannot keep fluids down or develop urgent symptoms.

Sources

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