CONDITION

Morning sickness

Morning sickness is nausea, with or without vomiting, that commonly occurs during pregnancy.

WHAT IT IS
Pregnancy-related nausea with or without vomiting

BODY SYSTEM
Digestive and reproductive systems

MAIN SYMPTOMS
Nausea, vomiting, food aversions, reduced appetite

WHAT CAUSES IT
Pregnancy hormone changes; exact cause uncertain

HOW IT IS DIAGNOSED
Symptoms and examination; tests when needed

MAIN TREATMENT
Diet changes, anti-sickness medicines, fluids when needed

CAN IT BE CURED?
Yes - usually resolves as pregnancy progresses

IS IT AN EMERGENCY?
Sometimes - severe dehydration needs urgent treatment

LONG-TERM OUTLOOK
Usually improves by mid-pregnancy without lasting effects

Overview

Morning sickness means nausea during pregnancy, sometimes with vomiting. Despite its name, it can happen at any time of day or night. Some people feel sick for only a short period each day, while others have symptoms for much longer.

Symptoms often begin early in pregnancy. They commonly improve by the middle of pregnancy, although they can continue for longer. A smaller number of people remain nauseated until late pregnancy or delivery.

Mild or moderate morning sickness is unpleasant but usually does not harm the pregnancy. However, repeated vomiting can make it difficult to drink, eat, work, sleep, or manage daily life. It can also affect mood and emotional wellbeing.

Severe and persistent pregnancy sickness is called hyperemesis gravidarum . This can cause dehydration, weight loss, and changes in the body's salt balance. It may require treatment in hospital. Morning sickness and hyperemesis gravidarum are part of a spectrum, but most people with morning sickness do not develop the severe form.

Symptoms

The main symptom is nausea. You may feel sick without actually vomiting, or you may vomit occasionally or several times a day.

Other common experiences include:

Symptoms usually start before 9 weeks of pregnancy. Nausea that begins much later may have another cause and should be assessed, especially if it comes with pain, fever, diarrhoea, headache, or urinary symptoms.

Signs that vomiting may be becoming severe include being unable to keep fluids down, passing very little urine, feeling faint, losing weight, or being unable to carry out normal activities.

- Reduced appetite or difficulty eating normal portions
- Strong dislike of certain foods, smells, or tastes
- Increased sensitivity to cooking smells, perfumes, or heat
- Extra saliva, an unpleasant taste, or repeated retching
- Tiredness, especially when nausea interrupts sleep
- Symptoms triggered by hunger, movement, travel, or brushing your teeth

Causes and risk factors

The exact cause of morning sickness is not fully understood. Rapid changes in pregnancy hormones are likely to play an important role. These include human chorionic gonadotropin, known as hCG , and oestrogen.

Pregnancy can also slow the movement of food through the digestive system. Changes in smell and taste may make nausea worse.

Morning sickness may be more likely or more severe if you:

These factors do not predict exactly who will develop symptoms. Morning sickness is not caused by something you ate, a lack of willpower, or being unhappy about the pregnancy.

- Had it during an earlier pregnancy
- Are carrying more than one baby
- Have a family history of severe pregnancy sickness
- Have a history of motion sickness or migraine
- Have had nausea while using medicines containing oestrogen
- Have a pregnancy with unusually high hCG levels

Diagnosis

Morning sickness is usually diagnosed from your symptoms and stage of pregnancy. There is no single test that confirms it.

A healthcare professional may ask when the nausea started, how often you vomit, what you can drink and eat, and whether you have lost weight. They may check your pulse, blood pressure, temperature, weight, and signs of dehydration.

Urine tests can help assess hydration and check for a urinary infection. Blood tests may be used if vomiting is frequent or severe. These can check salts in the blood, kidney and liver function, blood sugar, thyroid activity, and other possible problems.

An ultrasound may be offered if there is uncertainty about the pregnancy dates, concern about another pregnancy condition, or a possibility of twins or other multiples.

Other causes of vomiting may need to be considered if symptoms start later than expected or occur with abdominal pain, fever, diarrhoea, painful urination, severe headache, or neurological symptoms.

Treatment and management

Treatment depends on how much the symptoms affect drinking, eating, and everyday life. You do not need to wait until vomiting becomes severe before discussing treatment.

Small changes may help with mild symptoms:

There is no single diet that works for everyone. During a difficult period, keeping down fluids and some food is more important than eating a perfect diet. If prenatal vitamins worsen nausea, ask about changing the timing or formulation rather than stopping them without advice. Folic acid remains important in early pregnancy.

Ginger foods, drinks, or supplements may reduce mild nausea for some people. Acupressure

wristbands may also be tried, although evidence of benefit is mixed. Discuss supplements with a pharmacist, midwife, or doctor because strength and ingredients can differ.

Several anti-sickness medicines, called antiemetics , are used during pregnancy. Options include vitamin B6, doxylamine combined with vitamin B6, certain antihistamines like cetirizine or loratadine , and other prescription antiemetics. The suitable choice depends on symptom severity, previous treatment, other health conditions, and possible side effects. More than one type may be needed.

If tablets do not stay down, medicine may be available in another form, such as a dissolving tablet, suppository, injection, or intravenous treatment.

Severe vomiting may require fluids through a vein. Thiamine, a form of vitamin B1, is commonly given when vomiting has been prolonged, especially before fluids containing glucose. Rarely, temporary tube feeding or other nutritional support is needed.

Treatment for heartburn or acid reflux may also help if these are adding to the nausea.

- Eat small amounts regularly rather than having large meals
- Keep plain food nearby for times when your stomach is empty
- Choose foods and drinks that you can tolerate, even if choices are limited
- Try cold foods if cooking smells trigger nausea
- Sip fluids frequently rather than drinking a large amount at once
- Rest when possible, because tiredness can worsen nausea
- Avoid foods, smells, or situations that clearly trigger symptoms

Complications

Most morning sickness does not cause complications. The main concern is persistent vomiting that leads to dehydration or inadequate nutrition.

Possible complications include:

Severe, untreated hyperemesis gravidarum may affect fetal growth, particularly when there is substantial or prolonged weight loss. Pregnancy care may then include closer monitoring.

Repeated vomiting can also affect work, finances, relationships, and decisions about future pregnancies. These effects are real and deserve support even when test results are normal.

- Dehydration and low blood pressure
- Changes in sodium, potassium, or other body salts

- Weight loss and loss of muscle strength
- Vitamin deficiencies after prolonged vomiting
- Damage to the food pipe or teeth from repeated stomach acid exposure
- Blood clots when severe illness causes dehydration and reduced movement
- Anxiety, low mood, social isolation, or difficulty coping

Prevention

Morning sickness cannot always be prevented. It is linked to the body's response to pregnancy rather than a controllable behaviour.

Taking a prenatal vitamin before conception may reduce the severity of nausea for some people, but it does not guarantee prevention. If you previously had severe pregnancy sickness, discuss it early in a future pregnancy. Planning may allow treatment to begin promptly if symptoms return.

Regular small meals, avoiding known triggers, and preventing an empty stomach may reduce symptoms. These steps manage nausea rather than preventing the condition itself.

Living with it and what to expect

Symptoms often change from day to day. A food or drink that works one week may become difficult the next. It can help to keep several tolerable options available rather than relying on one food.

For many people, nausea is strongest during the first trimester and improves by around 16 to 20 weeks. Some improve earlier, while others have symptoms beyond 20 weeks. A minority remain affected until the end of pregnancy. It is not possible to predict the exact course for one person.

Morning sickness itself does not usually cause lasting health problems. Eating a restricted range of foods for a short time is generally less concerning than becoming dehydrated. As symptoms improve, you can gradually return to a more balanced diet.

If nausea affects your ability to work or care for yourself or others, practical adjustments may be useful. These might include more breaks, remote work, avoiding strong smells, help preparing food, or temporary changes to duties.

Severe symptoms can have a major emotional effect. Tell someone involved in your pregnancy

care if you feel persistently low, anxious, isolated, or unable to cope. Psychological support can be provided alongside physical treatment.

When to get medical help

Contact your midwife, doctor, or pregnancy care service soon if nausea or vomiting is interfering with eating, drinking, sleep, medication, or normal activities. Routine assessment is also appropriate if symptoms are not improving, you are losing weight, or your current treatment is not helping.

Seek urgent medical assessment if you:

Call emergency services if you faint and do not recover promptly, become confused, have severe breathing difficulty, or are too weak to stand safely.

Vomiting with one-sided abdominal pain, shoulder-tip pain, vaginal bleeding, or collapse in early pregnancy needs emergency assessment because these can be symptoms of an ectopic pregnancy. An ectopic pregnancy develops outside the uterus and requires urgent care.

- Cannot keep fluids down
- Pass very little urine or have dark urine
- Feel dizzy when standing or have nearly fainted
- Have repeated vomiting with clear signs of dehydration
- Vomit blood or material that looks like coffee grounds
- Have severe abdominal pain, fever, confusion, or a severe headache
- Have painful urination or blood in your urine
- Cannot keep essential medicines down

Common questions

Why is it called morning sickness if I feel sick all day?

The name is misleading. Pregnancy nausea can occur at any time and may last throughout the day. Hormone levels, an empty stomach, tiredness, and smells can all influence when it feels worst.

Does morning sickness mean the pregnancy is healthy?

Morning sickness is common in healthy pregnancies, but it cannot confirm that a pregnancy is

developing normally. Having mild symptoms, severe symptoms, or no nausea at all can each occur in a healthy pregnancy.

Can morning sickness harm my baby?

Mild to moderate nausea and vomiting usually does not harm the baby. Concern increases when severe vomiting causes prolonged dehydration, significant weight loss, or nutritional problems. Treatment and pregnancy monitoring can reduce these risks.

What can I eat when everything makes me feel sick?

Choose small amounts of whatever you can tolerate. Plain carbohydrates, cold foods, fruit, yoghurt, or protein-rich snacks suit some people, but there is no required morning-sickness diet. Sip fluids regularly. Seek help if you cannot keep fluids down.

Are anti-sickness medicines safe during pregnancy?

Several anti-sickness medicines have been used extensively during pregnancy. Each has possible benefits and side effects, and some have more pregnancy safety information than others. A pharmacist, midwife, or doctor can help choose an appropriate option based on your symptoms and medical history.

When does morning sickness stop?

Many people improve by 16 to 20 weeks of pregnancy. Some improve sooner, while others have symptoms for longer or until delivery. Persistent symptoms should still be discussed so that dehydration, weight loss, and other causes can be assessed.

Sources

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