

Managing morning sickness

Nausea and vomiting of pregnancy, or “morning sickness”, is very common. It commences in the first trimester of pregnancy. Morning sickness can affect you at any time of the day, not just in the morning. When you feel unwell, it can be difficult to follow a balanced diet.

It is important to talk to your doctor about trialling medications to help your morning sickness. There are many medications that are safe during pregnancy to help nausea and vomiting to allow you to eat well.

General tips that may help manage morning sickness:

- Eat small meals often— skipping meals can make nausea worse.
- It is important to stay hydrated. Sip on fluids between meals – drinking fluids with meals may reduce your appetite and make it more difficult to eat. Avoid drinking fluids that are too cold.
- Choose times when you are feeling well to eat.
- Avoid foods with strong smells. Eating food at room temperature or cold foods can help as these often have

milder smells — remember to avoid the “at-risk” Listeria foods like deli meats, smoked seafood, soft cheeses or left-overs that are cold or more than 24 hours old. It may help to ask for help with cooking and preparing foods.

Other helpful tips:

- Avoid drinks high in caffeine (tea, coffee, soft drinks, energy drinks).
- Iron supplements or iron in your pregnancy multivitamin may upset your stomach. Speak with your doctor about this before changing your supplement or dose.
- Avoid smoking. This can make the nausea worse and is harmful for you and your baby’s health.
- You may lose a small amount of weight from vomiting or because you can’t eat very much. Do not be too concerned, as this weight will usually return. However, if you are finding it hard to gain appropriate weight for pregnancy or eat a balanced diet, speak to your Doctor, Midwife or Dietitian.

This table lists some things you can try if you suffer from morning sickness:

Strategy	Examples
Try sipping clear fluids.	Flat lemonade/ginger ale Sports drinks, cordial, sweet jelly High protein supplements such as Ensure Plus Juice, Forti juice or Resource Fruit Beverage (see your Dietitian who can prescribe these supplements)
Keep your mouth fresh.	Ice-blocks Barley sugars, boiled sweets
When feeling a little better, increase the variety of drinks.	Dilute fruit & vegetable juices Weak tea, soft drinks & soda water Bonox, clear soups & broths
Try to eat something plain as soon as you wake in the morning.	Keep a jar of plain dry biscuits by your bed or a slice of toast
Eat small, frequent meals.	Eat/drink slowly & chew foods well Avoid having drinks with meals Rest after mealtimes
Choose plain high carbohydrate foods (starchy foods).	Plain, dry crackers or popcorn. Dry cereal Toast with spreads Plain, boiled rice/pasta Plain fruit & starchy vegetables
Try Ginger	Ginger tablets/capsules, ginger tea, ginger lollies, ginger jam, ginger syrup, flat ginger ale. Consider taking 1-2 g powdered ginger orally per day. Liaise with your Pharmacist and Doctor regarding dosage based on your individual needs
Avoid high fat, fried or spicy foods.	Use low-fat dairy foods Limit butter, margarine, oils Choose lean cuts of meat

Try to include some low-fat, protein rich foods.	<p>Try plain lean meat, chicken or fish</p> <p>Try cooked eggs or baked beans or tofu</p> <p>Your dietitian may prescribe high protein meal replacements (e.g. Sustagen, Ensure) if you aren't able to eat enough or gain sufficient weight</p>
Before bed have a snack that contains protein and carbohydrate.	Try cheese & crackers, fruit & yoghurt, custard, glass of milk

Hyperemesis

A small percentage of women suffer from excessive vomiting that lasts for a long time. This is called "hyperemesis." If left untreated, it can lead to dehydration, electrolyte imbalance, weight loss during pregnancy, and affect the growth of the baby. It is important to see your doctor if symptoms are severe.

How is hyperemesis treated?

- There are a range of medications of varying strengths, which help to relieve severe symptoms. Make sure you take your medication regularly, as prescribed by your doctor, or it will not be effective.
- Drink enough fluids to keep hydrated and eat whatever you can tolerate.
If you are unable to eat and drink enough fluid, you may need to attend your hospital for regular fluids through a drip (intravenous or IV), or to receive nutrition via a tube which is called enteral nutrition.

- Hyperemesis can be stressful for you and the people around you. Stress, depression and anxiety may make your vomiting worse, so it is important to ask for help. Speak to your doctor, midwife or Dietitian for more support.
- As symptoms settle, gradually return to healthy eating. This is important to replace the nutrients you have been missing out on. Your Dietitian may also recommend a multivitamin supplement suitable for pregnant women.

For further information contact your Dietitian or Nutritionist: _____

This handout has been informed by:

1. Practice Paper of the Academy of Nutrition and Dietetics: Nutrition and lifestyle for a healthy pregnancy outcome. July 2014,
2. Matthews A, Dowswell T, Haas DM, Doyle M, O'Mathúna DP. Interventions for nausea and vomiting in early pregnancy. *Cochrane Database of Systematic Reviews* 2010, Issue 9. Art. No.: CD007575. DOI: 10.1002/14651858.CD007575.pub2.
3. The Royal Women's Hospital. Clinical Practice Guidelines for Nausea and Vomiting of Pregnancy, May 2017. <https://www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps/> 4. Up-to-Date On-Line. *Hyperemesis Gravidarum*. Funai, Edmund. 2006. <<http://www.utdol.com>
5. Parlin C, O'Donnell A, Robson SC, Beyer F; Moloney E, Bryant A, Bradley J, Muirhead CR, Nelson-Piercy C, Norman J, Shaw C, Simpson E, Swallow B; Yates L, Vale L. Treatments for **Hyperemesis** Gravidarum and Nausea and Vomiting in Pregnancy: A Systematic Review. *Journal of the American Medical Association [JAMA]* 2016 Oct 04; Vol. 316 (13), pp. 1392-1401.
6. Beverly Siegal, Peiser, Zbys Fedorowicz, and Alan Ehrlich (Editors). Nausea and Vomiting in pregnancy. DynaMed Plus. Updated 2016 Oct 28. Accessed 11.07.17. <http://www.dynamed.com/topics/dmp~AN~T114643/Nausea%20and%20vomiting%20in%20pregnancy>
7. PEN evidence summary for hyperemesis gravidarum. Dietitians of Canada (2016).
8. Body & Christie (2016). Gastrointestinal diseases in pregnancy – nausea, vomiting, hyperemesis gravidarum, gastroesophageal reflux disease, constipation and diarrhoea. *Gastroenterology Clinics of North America*, 45: 267-283.
9. The management of nausea and vomiting of pregnancy and hyperemesis gravidarum. Green-top guideline No. 69, June 2016. Royal College of Obstetricians and Gynaecologists.
10. Therapeutic Guidelines Ltd. Nausea and vomiting during pregnancy. eTG July 2017 edition. Accessed 10.10.2017. https://tguidcdp.tg.org.au/viewTopic?topicfile=nausea-vomiting&guidelineName=Gastrointestinal#toc_d1e251