

Managing morning sickness

Nausea, vomiting and a poor appetite or “morning sickness”, is very common amongst pregnant women. 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.

You may need to start with only fluids, then slowly try more foods when you feel well enough. It is important to stay well hydrated, so try sipping fluids often.

General tips for managing morning sickness:

- Eat small meals often— skipping meals can make nausea worse.
- Drink lots of fluid between meals.
- Avoid foods with strong smells. Eating food at room temperature or cold foods can help— remember to avoid the “at-risk” Listeria foods like cold meats, smoked seafood, soft cheeses or left-overs that are cold or more than 24 hours old. It may help to avoid cooking and preparing foods.
- Avoid spicy foods and fatty foods.

Other helpful tips:

- Avoid caffeine-containing drinks (tea, coffee, cola, energy drinks).
- Ginger has been shown to help with morning sickness. Try ginger tablets, ginger lollies or ginger ale.
- Vitamin B6 may also help manage morning sickness. Speak with your pharmacist about the correct dose as too much can be harmful.
- Iron supplements or iron in your pregnancy supplement 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 bad for you and your baby’s health.
- You may lose a small amount of weight because you can’t eat very much or from vomiting. Do not be too concerned, as this weight will usually return. However, if you are having difficulty regaining this weight or you are struggling to eat a balanced diet please speak to your doctor, midwife or Dietitian.



This table lists strategies to try if you suffer from morning sickness along with some examples.

Strategy	Examples
Try sipping cold, clear fluids.	Flat lemonade/ginger ale Sports drinks, cordial, sweet jelly High protein supplements such as Enlive or Resource Fruit Beverage
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.	Plain dry biscuits 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.	Plain, dry crackers or popcorn. Cereal or toast with spreads Plain, boiled rice/pasta Plain fruit & starchy vegetables
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.	Try plain lean meat, chicken or fish Try cooked eggs or baked beans You may need to use high protein meal replacement e.g.: Sustagen, Ensure
Before bed have a snack that contains protein and carbohydrate.	Cheese & crackers, fruit & yoghurt or custard



Hyperemesis

A small percentage of women suffer from excessive and prolonged vomiting, called "hyperemesis". If left untreated, hyperemesis can lead to dehydration. It is important to see your doctor if symptoms are severe.

How is hyperemesis treated?

- There is a range of medications of varying strengths, which help to relieve severe symptoms. Make sure you take your medication regularly, as prescribed, or it will not be effective.
- Drink as much as you can to keep hydrated and eat whatever you can tolerate.
- If you are unable to drink enough fluid, you may need to attend your hospital for regular intravenous fluids. This may be recommended two to three times per week.
- 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.

This handout has been informed by:

1. Journal of the American Dietetic Association. Position of the American Dietetic Association: Nutrition and lifestyle for a healthy pregnancy outcome. March 2008, Volume 108, No.3.
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 Woman's Hospital. Clinical Practice Guidelines for Nausea and Vomiting of Pregnancy, August 2008. <<http://www.rwh.org.au/rwhcpg/womenshealth>>
4. *Up-to-Date On-Line. Hyperemesis Gravidarum. Funai, Edmund. 2006.* <<http://www.utdol.co>>

This is a consensus document from Dietitian/ Nutritionists from the Nutrition Education Materials Online, "NEMO", team.

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