



University of North Carolina Wilmington
Abrons Student Health Center

INSTRUCTION SHEET: PREGNANCY-ASSOCIATED VOMITING (HYPEREMESIS GRAVIDARUM or MORNING SICKNESS)

The Student Health Provider has treated you today for pregnancy-associated vomiting.

Pregnancy-associated vomiting is also known as morning sickness or hyperemesis gravidarum (hyperemesis = lots of vomiting, gravid = pregnant).

Some women have no nausea or vomiting during pregnancy. Others have mild nausea and occasional vomiting, often in the morning. Others have severe nausea and vomiting, sometimes for what seems like 24 hours-a-day.

Pregnancy-associated vomiting is usually a problem in the first trimester (3 months) of pregnancy. Some women, however, have nausea and vomiting further into their pregnancies.

Dehydration (low internal fluids) of the mother is the main concern with severe pregnancy-associated vomiting. The body loses fluid through vomiting, and vomiting delays replacement of fluids by mouth. Time and medication can help control vomiting (though medication is best avoided during pregnancy if possible). IV (by vein) fluids may be necessary to rehydrate (put fluid back into) the body.

The baby is not harmed by pregnancy-associated vomiting. The baby is tiny in early pregnancy and gets what it needs from its mother.

The cause of pregnancy-associated vomiting is unknown. No specific antidote or cure exists. Treatment consists of helping to control the vomiting until the condition passes.

A change in diet is helpful. When the intestine is stressed, putting solid food into the stomach can make the condition worse. Also, the body can do without solid food far longer than it can without liquids. Clear liquids are most easily tolerated by the stomach/intestine, and liquids help prevent dehydration.

MEASURES TO TAKE TO HELP TREAT PREGNANCY-ASSOCIATED VOMITING:

1. **Rest your intestine.** Listen to your body. Do not force anything by mouth. When you feel thirsty, begin with clear liquids, not solid food. Clear liquids are fluids without solid particles; examples include: water, sports drinks, soft drinks, Kool-aid, and weak tea. Start with sips, taking no more than 1/2 cup at a time. Gradually increase to larger amounts if you have no vomiting.
2. Once you are taking *plenty* of liquids without nausea or vomiting, *gradually* resume a normal diet. Begin with simple foods such as broth, soups, toast, crackers, mashed potatoes, and rice. If these solids are tolerated, then *gradually* resume a normal diet. Be patient. If solid foods cause symptoms, then go back to a liquid diet.
3. Medications are available to treat nausea/vomiting. Prescription suppositories or pills can be used, but should be taken only if needed.
4. Make a prompt follow-up appointment with your personal/referral ob-gyn doctor. Schedule a work-in appointment within one or two days of your Student Health Center visit. Your provider can treat any continuing symptoms.
5. Should your condition worsen, go to the closest emergency department for re-evaluation. Signs of dehydration include: mouth appearing dry/sticky (not moist and shiny), sunken eyes, decreased urination (less than twice a day), doughy skin, lethargy (excessive sleepiness), and dizziness on standing.