



[Dr David Moore](#) » [Obstetrics](#) » [Morning sickness](#)



[Morning sickness](#)



By [Dr David Moore](#), 18 March 2014

What is morning sickness?

Morning sickness is the feeling of nausea (sometimes with vomiting) that many women get during their pregnancy. Up to 9 in 10 women will experience morning sickness, and symptoms vary from mild and annoying, to severe - sometimes requiring admission to hospital.

The term "morning" is a bit of a misnomer - most women experience nausea all day long; though many women report vomiting only in the morning. Most women develop symptoms within the first two months of pregnancy and, often, symptoms improve considerably after the first trimester (three months).

It is unclear what causes morning sickness, although theories generally include high hormone levels such as beta-hCG (the "pregnancy hormone"), and alterations to stomach and intestinal motility (that is, the movement of food through the gut). Morning sickness is more common in twin pregnancies (perhaps reflecting the higher hormone levels) and can be worsened by thyroid disorders. Perhaps the only comfort to be found, in this sometimes debilitating condition, is that moderate-to-severe morning sickness appears to be associated with a lower risk of miscarriage.

What are the risks of morning sickness?

In the great majority of cases, morning sickness is an unpleasant nuisance, but poses no threat to the mother or her baby. In severe cases, however (termed "hyperemesis gravidarum", or HG), a woman may become profoundly dehydrated and undernourished. Babies generally tolerate poor maternal weight gain in early pregnancy, so problems with baby's growth is rarely seen, even in significant HG. Mothers, on the other hand, may require admission to hospital where they can be rehydrated through a drip, while receiving medicines to reduce their symptoms enough for them to begin to tolerate a normal diet.

Vitamins and medicines for morning sickness

Several medicines are available to help you cope with symptoms of morning sickness, if needed. These range from spec to over-the-counter and prescription medications, such as:

- **Pyridoxine:** vitamin B6, a non-drug treatment for nausea.

- **Ginger root:** available in tablet form from your pharmacy.
- **Doxylamine succinate:** an over-the-counter antihistamine with anti-nausea properties (safe in pregnancy).
- **Acid-reducing agents:** such as antacid liquid or chewable tablets, orranitidine, can help by reducing stomach acidity
- **Prescription medications:** commonly-prescribed examples are metoclopramide or, where symptoms are quite severe should only be prescribed after a thorough medical evaluation by your GP or [obstetrician](#).

Tips for coping with morning sickness

- Eat as soon as you feel hungry - even beforehand.
- Frequent, small meals are better-tolerated than three large meals each day.
- Brush your teeth immediately after eating.
- Drink plenty of fluids - cold, clear, fizzy drinks are usually well-tolerated (e.g. ginger ale, lemonade).
- Try to identify nausea triggers, so you can avoid them. These are different for different women, but often include spicy smells. Keeping a symptom diary can help.
- Take vitamins at nighttime with a small snack, rather than in the morning.
- Avoid lying flat soon after eating.
- Get plenty of fresh air.
- Rest as much as possible.

Speak to your GP or [make an appointment](#) if you are finding difficulty in coping with morning sickness symptoms.

The content and information contained on this website is intended to be of a general nature only and is not intended to, nor does it constitute, medical advice. It does not take a patient relationship into account and no patient relationship is implied or formed. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. Use of information on this website, including the contents of the site, such as text, graphics, images and other materials are for informational purposes only. The content is not intended to be a substitute for professional medical advice of their qualified health providers with any questions regarding a medical condition. Users should never disregard professional medical advice or delay in seeking it because of something they have read on this website. Only be made after direct individual consultation. The website does not recommend or endorse any specific tests, products, procedures, or other information that might be mentioned on this website.

About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

[« Low-risk pregnancy](#)

[Back to Obstetrics](#)



