

Morning sickness

Definition

Morning sickness is nausea and vomiting that can actually occur at any time of the day during pregnancy.

See also:

- Hyperemesis gravidarum
- Pregnancy care

Alternative Names

Nausea in the morning - females; Vomiting in the morning - females

Considerations

Morning sickness is very common. Most pregnant women have at least some nausea, and about a third have vomiting. Morning sickness usually begins during the first month of pregnancy and continues until the 14th to 16th week. Some women have nausea and vomiting through their entire pregnancy.

Morning sickness does not hurt the baby in any way unless you lose weight, such as with severe vomiting. The amount of morning sickness during one pregnancy does not predict how you will feel in future pregnancies.

Causes

The exact cause of morning sickness is unknown. It may be caused by hormone changes or lower blood sugar during early pregnancy. Emotional stress, traveling, or some foods can make the problem worse.

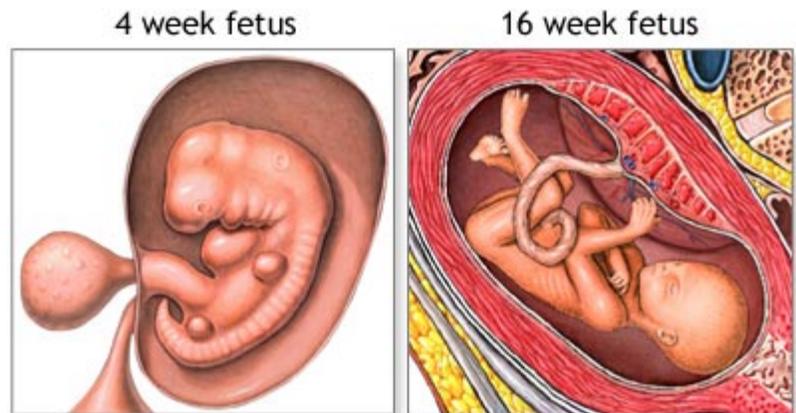
Home Care

Try to keep a positive attitude. Remember that morning sickness usually stops after the first 3 or 4 months of pregnancy. To reduce nausea, try:

- A few soda crackers or dry toast when you first wake up, even before you get out of bed in the morning.
- A small snack at bedtime and when getting up to go to the bathroom at night.
- Avoiding large meals; instead, snack as often as every 1-2 hours during the day and drink plenty of fluids.
- Eating foods high in protein and complex carbohydrates, such as peanut butter on apple slices or celery; nuts; cheese; crackers; milk; cottage cheese; and yogurt; avoid foods high in fat and salt, but low in nutrition.
- Ginger products (proven effective against morning sickness) such as ginger tea, ginger candy, and ginger soda.

Here are some more tips:

- Acupressure wrist bands or acupuncture may help. You can find these bands in drug, health food, and travel stores. If you are thinking about trying acupuncture, talk to your doctor and look for an acupuncturist who is trained to work with pregnant women.
- Avoid smoking and secondhand smoke.
- Avoid taking medications for morning sickness. If you do, ask a doctor first.
- Keep air flowing through rooms to reduce odors.
- When you feel nauseated, bland foods like gelatin, broth, ginger ale, and saltine crackers can soothe your stomach.
- Take your prenatal vitamins at night. Increase vitamin B6 in your diet by eating whole grains, nuts, seeds, and peas and beans (legumes). Talk to your doctor about possibly taking vitamin B6 supplements.



Morning sickness typically continues from the 4th week of pregnancy through the 16th week

ADAM.

When to Contact a Medical Professional

Call your doctor if:

- Morning sickness does not improve, despite trying home remedies.
- Nausea and vomiting continue beyond your 4th month of pregnancy. This happens to some women and is usually normal, but have it checked out.
- You lose more than 2 pounds.
- You vomit blood or material that looks like coffee grounds. (Call IMMEDIATELY.)
- You vomit more than 3 times per day or you cannot keep food or liquid down.

What to Expect at Your Office Visit

Your doctor will do a physical examination, including a pelvic exam, and look for any signs of dehydration.

Your doctor may ask the following questions:

- Are you only nauseated or do you also vomit?
- Does the nausea and vomiting occur every day?
- Does it last throughout the day?
- Can you keep down any food or fluid?
- Have you been traveling?
- Has your schedule changed?
- Are you feeling stressed?
- What foods have you been eating?
- Do you smoke?
- What have you done to try to feel better?
- What other symptoms do you have -- headaches, abdominal pain, breast tenderness, dry mouth, excessive thirst, unintended weight loss?

Your doctor may do the following tests:

- Blood tests including CBC and blood chemistry (chem-20)
- Urine tests

References

Heinrichs L. Linking olfaction with nausea and vomiting of pregnancy, recurrent abortion, hyperemesis gravidarum, and migraine headache. *Am J Obstet Gynecol.* 2002; 186(5 Suppl Understanding): S215-S219.

Quinla JD. Nausea and vomiting of pregnancy. *Am Fam Physician.* 2003; 68(1): 121-128.

Review Date: 2/5/2008

Reviewed By: Peter Chen, MD, Department of Obstetrics & Gynecology, University of Pennsylvania Medical Center, Philadelphia, PA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. © 1997-A.D.A.M., Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

PRESENTED BY:



Modern Medicine
www.modernmedicine.com

