



# Nausea and vomiting in pregnancy (NVP)

## Patient Information Leaflet

Feeling and being sick during pregnancy, referred to as nausea and vomiting in pregnancy (NVP), is very common. Around 8 in 10 women feel this way in the first few months and, for most, it is mild and settles by about 12–16 weeks of pregnancy. For a small number of women (about 1 to 3 out of every 100), the sickness is more severe, and they may need extra help from a medical professional, or admission to hospital.

NVP can have a big impact on your ability to work or function at home. It is very common for NVP to affect your mood. Support from loved ones and effective treatment can make things easier.

It is natural to worry about the health of your pregnancy when you are suffering from NVP. Many women worry that, if they are unable to eat and drink, their baby must also not be getting the nutrients it needs. Please be reassured that there is no evidence that mild or moderate NVP has any impact on your baby. There is some evidence that severe NVP may be associated with slightly lower birth weight: it is for this reason that treatment is so important, and why you may be offered extra growth scans later in your pregnancy.

This leaflet explains things you can try at home to improve your symptoms, as well as treatment options your GP or hospital can offer.

## What causes NVP?

The exact cause of NVP isn't fully understood, but it's believed to be related to rising levels of pregnancy hormones, particularly:

- Human chorionic gonadotropin (hCG) – a hormone produced by the pregnancy – levels rise quickly in early pregnancy
- Oestrogen and progesterone – hormones that are present throughout a woman's life, but at higher levels in pregnancy, which may affect digestion and stomach emptying

You are more likely to experience NVP when:

- You have had NVP in a previous pregnancy
- You are carrying twins or triplets
- You have a molar pregnancy (a rare condition where the placenta grows abnormally)
- You have a family history of NVP



## What can I do to help my symptoms at home?

Many women find that symptoms are kept at bay by eating and drinking little and often. Carrying snacks around with you – such as dry crackers – may help. Other women find cold food and drink (grapes from the fridge, cold fruit squash or ice-cubes) are tolerated more easily. Spicy food and acidic fruit juice are generally best avoided.

## What anti-sickness medications are available to me?

There isn't one single medicine that works best for everyone with NVP. The right treatment depends on your symptoms, your preferences, and your doctor or midwife's advice. Sometimes you must try several different medications before you find one that works for you.

Doxylamine with pyridoxine (Xonvea) has a marketing authorisation (license) for NVP. Although other widely used medicines for NVP cannot be marketed for this purpose, they are equally effective and safe. For women with more severe sickness, a medicine called ondansetron has been shown to work particularly well when compared to other anti-sickness medications. Sometimes women may also need treatment with steroids if their symptoms have not improved.

Like all medicines, these can sometimes cause side effects. Your doctor or midwife will talk through the options to help find the most effective treatment for you. Sometimes one medicine is enough, but often combining two, or even three, gives better relief. Sometimes you will need to take medications regularly throughout the day, but as your symptoms improve you may be able to take some medications as you need them.

It is common to worry about taking medication in pregnancy. However, all the medications prescribed have been widely and safely used in pregnancy for many years. It is also important to remember that if severe NVP is not treated, it may cause more harm to you and your pregnancy than any possible effect of a medicine. Please see the table at the bottom of the leaflet for further information regarding each medication.

Hospital-only medications refer to medications that are typically used for severe symptoms that have not improved with all other anti-sickness medications listed and commenced by specialists based in hospital. Ongoing prescribing of this medication would have to be through the specialist rather than your GP.

Cyclizine, prochlorperazine, promethazine, metoclopramide and ondansetron can all be initiated and prescribed by your GP. Doxylamine with pyridoxine (Xonvea) can also be initiated by your GP if you have been treated successfully with it in a previous pregnancy. In patients not previously treated with doxylamine with pyridoxine (Xonvea), it will be initiated by a specialist based in a hospital and continued through your GP.



## When should I seek help?

It is important to seek help (contact your GP or midwife) if your symptoms persist and/or you find it difficult to carry out your normal daily activities. If, despite anti-sickness tablets, you continue to feel nauseated, vomit, retch, lose weight or feel dehydrated and/or feel generally unwell, you may need further assessment in hospital.

## What should I expect in hospital?

If you can't keep down food or drink, you may need fluid and medicines through a drip to help you feel better. When you are first referred, you are likely to be seen in the Emergency Department. You are likely to have a cannula (drip) put into your arm, and blood tests taken. You will be assessed by a doctor to look for other causes of your symptoms, for example a urine infection. You will be given fluids, vitamins and anti-sickness medication through your drip. We will see how you are a few hours after starting this treatment, to see if you are well enough to go home, or if you are likely to need further treatment.

In moderate cases, we may arrange ongoing daily appointments in SDEC (Same Day Emergency Care) for blood tests, treatment with fluids, vitamins and anti-sickness medications through a drip.

In severe cases you may need hospital admission.

When you are dehydrated and less active due to NVP, you are at higher risk of developing a blood clot in your legs and/or lungs (known as a 'DVT' or 'PE'). To reduce this risk, your doctor will ask you to wear some compression stockings and prescribe a blood thinning injection whilst your NVP symptoms are ongoing.

## After discharge

Your GP will receive your discharge letter from your hospital detailing your visit and our recommendations.

Please ask your GP for a repeat prescription before your tablets run out.

When you feel better, you can start to cut down on the number of anti-sickness tablets you are taking. If your symptoms return, restart taking medication regularly.

## Where can I get more information?

When you need medical help fast, call 111 or attend the emergency department of your local hospital.



For further information of NVP or the anti-sickness medication used to manage the symptoms:

- Best Use of Medicines in Pregnancy (<https://www.medicinesinpregnancy.org/>)
- Pregnancy Sickness Support (PSS) (<https://pregnancysicknesssupport.org.uk/>)

## To refer yourself for antenatal care:

Maternity services <https://www.uclh.nhs.uk/our-services/find-service/womens-health-1/maternity-services>

If you have bleeding or pain in early pregnancy:

Gynaecology diagnostic and treatment unit and Early pregnancy unit

<https://www.uclh.nhs.uk/our-services/find-service/womens-health1/gynaecology/gynaecology-diagnostic-and-treatment-unit>

Printing of this document is only valid on the day printed, please refer to the website for most up to date information:

<https://www.uclh.nhs.uk/patients-and-visitors/patient-information-pages/nausea-and-vomiting-pregnancy>

**Table 1;** Advantages and disadvantages of different anti-sickness medications for NVP.

Medicine	Licensed for NVP?	Any risk to baby?	Other things to know
<b>First line anti-sickness medications</b>			
<b>Cyclizine</b>	No, but established clinical practice and used for many years	No increased risk of birth defects	Can cause jitteriness, tremor or muscle spasm in mum or in newborns when used near delivery. These symptoms are rare (<1-2%) and transient.
<b>Doxylamine with pyridoxine (Xonvea®)</b>	Yes – the only medication officially licensed for NVP in the UK.	No increased risk of birth defects	Can be safely used, but not more effective than other medications listed below that are not licensed.
<b>Prochlorperazine</b>	No, but established clinical practice and used for many years	No increased risk of birth defects	Can be taken over the gum rather than tablet. Can cause jitteriness, tremor or muscle spasm in mum or in newborns when used near delivery. These symptoms are rare (<1-2%) and transient.
<b>Promethazine</b>	No, but established clinical practice and used for many years	No increased risk of birth defects	Can cause jitteriness, tremor or muscle spasm in mum or in newborns when used near delivery. These symptoms are rare (<1-2%) and transient.
<b>Second line anti-sickness medications</b>			
<b>Metoclopramide</b>	No, but established clinical practice and often used if first line medicines don't work	No increased risk of birth defects	Can cause jitteriness, tremor or muscle spasm in mum or in newborns when used near delivery. These symptoms are rare (<1-2%) and transient.
<b>Ondansetron</b>	No, but established clinical practice and used when other treatments don't work	Very small increased risk of cleft lip/palate when taken in the 1 <sup>st</sup> trimester (extra cases per 10,000 pregnancies – from 11/10,000 to 14/10,000)	Can cause constipation as a side effect.
<b>Third line anti-sickness medications – hospital only prescription</b>			
<b>Steroids (Prednisolone)</b>	No, but established clinical practice and used when symptoms are severe and all other treatments have not worked.	Lower birthweight with prolonged use ( $\geq$ 4 weeks)	Prolonged use ( $\geq$ 4 weeks) of steroids associated with development of diabetes in pregnancy.



## Document control

Date	Version	Amendments
29/01/2026	1.0	New patient information leaflet

Groups / Individuals who have overseen the development of this guidance:	Dr Diane Lambo, Consultant in Maternal and Fetal Medicine, UCLH
Groups which were consulted and have given approval:	NCL Joint Formulary Committee
File name:	Nausea and Vomiting in Pregnancy
Version number:	1.0
Available on:	<a href="https://nclhealthandcare.org.uk/our-working-areas/medicines-optimisation/medicine-pathways-guidelines-position-statements/">https://nclhealthandcare.org.uk/our-working-areas/medicines-optimisation/medicine-pathways-guidelines-position-statements/</a>
Disseminated to:	NCL formulary pharmacists and commissioners
Equality impact assessment:	N/A
NCL Joint Formulary Committee Approval date:	19/02/2026
Review date:	19/02/2029