

Pregnancy sickness

when it stops being morning sickness

Nausea and vomiting affect most pregnancies and usually settle by around 16 to 20 weeks. A minority develop hyperemesis gravidarum, which is a different illness rather than a severe version of the same one — and it is consistently under-treated because women are told it is normal.

Seek same-day assessment if you

- **cannot keep any fluid down for 24 hours**
- have **passed no urine for 8 hours**, or urine is very dark
- have **lost weight**, or feel dizzy, faint or confused
- have **abdominal pain, fever or vomiting blood**
- have **a rapid heartbeat**, or feel severely unwell
- have vomiting that **starts after 9 weeks** for the first time

Dehydration in pregnancy needs treating with intravenous fluids rather than perseverance, and severe untreated vomiting can cause a serious vitamin deficiency. Vomiting beginning after the first trimester is not typical pregnancy sickness and needs a different assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What is typical

Up to 80%

of pregnancies affected

6–9 weeks

usually the peak

16–20 weeks

when most settles

It is rarely confined to mornings. Nausea often lasts all day, and smells that were previously unremarkable become intolerable. It is more common in first pregnancies and multiple pregnancies, and it often runs in families.

Self-help worth trying

- **Eat before you get up** — a dry biscuit or a piece of toast by the bed, then a few minutes before moving.
- **Small amounts, very often.** An empty stomach makes nausea worse; a full one triggers vomiting.
- **Cold food often smells less** and is better tolerated than hot.

- **Sip fluids constantly** rather than drinking glassfuls — try ice cubes, ice lollies or diluted squash.
- **Ginger** has modest evidence and is safe. **Acupressure wristbands** help some people.
- **Rest.** Tiredness makes it markedly worse, and pushing through is counterproductive.
- Take iron-containing prenatal vitamins at night, or switch to folic acid alone temporarily if they make you sick.

Hyperemesis is a medical condition, not bad luck

If you are vomiting many times a day, losing weight, unable to keep fluids down, or unable to work or care for your family, that is not something to endure. It is a recognised condition affecting around 1 to 3% of pregnancies, and it is treatable. Anti-sickness medicines with a long safety record in pregnancy are available and effective, and there is no virtue in refusing them. Women are routinely told to put up with it; please do not.

Medication

- Several anti-sickness medicines are **well established and safe in pregnancy**, with decades of use and reassuring data.
- They work best taken **regularly rather than only when you feel sick**.
- If the first does not help within a few days, a different one or a combination often will — come back rather than concluding nothing works.
- Some cause drowsiness; some cause constipation, which is worth treating alongside.
- **Thiamine (vitamin B1) supplementation** is important with prolonged vomiting, to prevent a rare but serious neurological complication.
- Intravenous fluids may be needed, and can often be given as a day case rather than requiring admission.

The rest of it

Severe pregnancy sickness is isolating, affects work and relationships, and is associated with low mood and anxiety — not because women are weak, but because months of relentless vomiting would affect anyone. Say so if that is where you are. Dental enamel also suffers: rinse with water rather than brushing straight after vomiting, and wait an hour.

Book an appointment if sickness is affecting your ability to eat, drink, work or function. We can assess hydration, check for other causes, prescribe safe anti-sickness treatment the same day, and arrange intravenous fluids if you need them.

Same-day assessment and IV fluids

Women's health appointments seven days a week on
Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

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This leaflet is based on current NHS, NICE CKS and RCOG guidance on nausea and vomiting in pregnancy and hyperemesis gravidarum. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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