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Nausea and vomiting in pregnancy while breastfeeding, including Hyperemesis Gravidarum.

This factsheet is intended to provide access to relevant evidence-based information. The national guidelines, research, data, pharmacokinetic properties and links shared are taken from various reference sources, they were checked at the time of publication for appropriateness and were in date. These are provided where we believe the information may be useful but we do not take any responsibility for their content. The factsheet is provided to empower users to make an informed decision about their treatment; but it does not constitute medical advice and cannot replace medical assessment, diagnosis, treatment or follow up from appropriately trained healthcare professionals with relevant competence.

The Breastfeeding Network factsheets will be reviewed on an ongoing basis, usually within three years or sooner where major clinical updates or evidence are published. No responsibility can be taken by the Breastfeeding Network or contributing authors for the way in which the information is used.

If you have any questions about this information, you can contact the Drugs in Breastmilk team through their Facebook page or on druginformation@breastfeedingnetwork.org.uk.

Pregnancy Sickness Support

This factsheet has been reviewed and endorsed by Pregnancy Sickness Support. You can also contact Pregnancy Sickness Support for support directly relating to your pregnancy sickness.

You can use self-help (non-drug) and coping strategies whilst breastfeeding.
You can usually continue to breastfeed if you are taking a short course of anti-sickness medication. It is often possible to continue breastfeeding whilst taking a longer course of anti-sickness medication, but you may need extra support and to monitor your breastfed child for side effects.
It is important to keep yourself as well as possible and minimise dehydration and weight loss.

Introduction

Nausea and vomiting of pregnancy is common, affecting up to 90 out of 100 pregnancies. It usually settles by 20 weeks in 90 out of 100 people affected by pregnancy sickness. It is often called "morning sickness" but symptoms are not limited to waking and may occur at any time of the day or night or be present all day long, hence pregnancy sickness is a more representative term.

Less commonly, nausea and/or vomiting can be severe, affecting up to 3 in 100 pregnancies. Severe nausea and/or vomiting in pregnancy is known as Hyperemesis Gravidarum, or HG for short. HG can impact sufferers in profound ways, affecting mood, mental and physical wellbeing, home, work, social lives and more, both during and after the pregnancy. HG is a condition that starts early in pregnancy, before a gestational age of 16 weeks. It is characterised by severe nausea and/or vomiting, inability to eat and/or drink normally and strongly limits daily activities.

You can sometimes manage nausea and vomiting of pregnancy with self-care methods alone. However, in moderate to severe cases, including HG, you may need prescribed medication.

If you have nausea and vomiting in pregnancy or HG, you can usually be treated by a GP, or by visiting the hospital for appointments as an outpatient. Depending on where you live, outpatient clinics may have different names, including maternity day units or ambulatory care units such as pregnancy care unit, early pregnancy unit, day case unit or emergency gynaecology unit. Some HG sufferers may have to be admitted to hospital to stabilise their symptoms. They may also present at their local emergency department when symptoms become worse. You can avoid or minimise this with planned care. Admissions may be short but if your symptoms are not brought under control, you could be admitted repeatedly or for longer periods.

Most treatments used for nausea and vomiting are unlicensed for use during pregnancy and/or while breastfeeding, so treatments are usually given "off-label". This means the manufacturer hasn't added pregnancy or breastfeeding to the listed uses. It doesn't mean that the medicine cannot be used safely to treat your condition.

Your healthcare professional will discuss the information available with you if a medication is compatible with pregnancy and breastfeeding, looking at national guidelines, research evidence, and historic use in pregnancy and breastfeeding, so you can make a shared decision on your treatment. However, you may also want to read more information on the medicines you have been prescribed. Most manufacturer patient information leaflets will advise you to not take treatments while pregnant or breastfeeding. We talk more about what patient information leaflets mean while breastfeeding (not pregnancy) in our factsheet: Patient information leaflets – what do they mean? For evidence-based information on whether a medicine is safe during pregnancy, and to guide conversations with your healthcare professional, you can look at the NHS Medicines A-Z website, and the BUMPs website.

This factsheet has been created from the information in national guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute for Health and Care Excellence (NICE).

Other sources of support

Further information and support are available from Pregnancy Sickness Support who have a helpline available to speak to a member of staff. They also offer peer support available from volunteers who have experienced HG. You will be able to find links to peer support services, treatments, coping strategies, employment information, family support and more on their website.

For more information on how to look after yourself, and when to seek help, the NHS Vomiting and morning sickness and Severe vomiting in pregnancy webpages are a useful resource.

Pregnancy Sickness Support- Subsequent pregnancies provides information on planning for another pregnancy if you've suffered with HG before. If you're not yet pregnant but thinking ahead, preparation can be key to minimising the effect HG has on you and your child(ren). Getting ahead with preparation is not always possible, which is where the information you will read below will hopefully come in, to empower you with your options.

Self-care options (compatible with breastfeeding)

Not all of these will help everyone. You can try them out and see what works for you.

- ✓ **Get plenty of rest** (tiredness can make nausea worse)- pace yourself and get as much help as possible to allow frequent rest.
- ✓ **Avoid foods or smells that make your symptoms worse** - this will be individual to you and can change over time.
- ✓ **Consider trying to eat something before getting out of bed in the morning** . Choose whatever food you can tolerate or think may be less likely to trigger symptoms.
- ✓ **Small, frequent meals or snacks** that you can tolerate can reduce the time you have an empty tummy. An empty tummy could make your symptoms worse.
  - ✓ Digestives, water crackers or salty crisps may be convenient and easier to tolerate.
  - ✓ Often plain foods high in carbohydrate and low in fat are recommended, but something salty and high in protein or fat may be more palatable.

  - ✓ If you find a food is easier to eat, doesn't trigger symptoms or is something you fancy, it is ok to eat something that isn't "plain."
  - ✓ Cold foods and meals may be useful if the smell of hot meals makes you feel worse.
  - ✓ As long as you avoid foods that are unsafe in pregnancy such as pate, liver, soft cheeses, unpasteurised cheese and runny yolks, it's ok to eat what you feel able to. Information is available on the Foods to avoid in pregnancy - NHS page.
- ✓ **Drink regular fluids** if you can as this will help reduce the risk of dehydration. If you can't drink water, then squash or your preferred drink are also OK. Some people find fizzy drinks most tolerable. Sipping drinks, or drinking through a straw, as well as drinking little and often may avoid triggering vomiting. Frozen lollies, ice cubes or ice chips may also help you to take in fluids.
- ✓ **Stronger flavoured drinks** such as blackcurrant squash or similar may be more pleasant when vomited back up.
- ✓ **Vomit into a sick bag or bowl while sitting on a toilet** if you are worried you may wet yourself when vomiting.
- ✓ **Incontinence products** such as pants or pads could give you confidence while out if you are experiencing a weak bladder when you vomit or heave. Many areas have some excellent perinatal pelvic health services available now, so if this is a worry for you, then please speak to your midwife who will be able to refer you on if self-referral isn't yet available in your area.
- ✓ **Have a drink if you are experiencing painful dry heaving-** even if you know you will bring it straight up. If you experience continued heaving after you have vomited or already have an empty stomach, you may find heaving less painful if you have liquid in your stomach to vomit back up, and you may have a short reprieve from symptoms.
- ✓ **Acupressure (Bands or Bracelets) –** Acupressure bands are stretchy bands worn around the wrists. They apply pressure to a particular point on the inside of your wrist between the two tendons on your inner arm. Although acupressure bands don't cause any adverse side effects, there's only limited evidence that they may help. Acupressure can be used as an add-on treatment while breastfeeding with any severity of symptoms. However, it shouldn't be used in place of needed medications.

☹ **If brushing your teeth triggers symptoms** , it might help trying different tactics because dental health is important during this time:
  - ✓ Do rinse your mouth out with water or a fluoride mouth wash after vomiting to reduce the acid on your teeth but avoid brushing your teeth for 30 minutes after vomiting to avoid damage caused by the acid weakening your tooth enamel.
  - ✓ If your toothpaste affects you, a plain, fruit or mild flavoured fluoride toothpaste instead of a strong mint flavoured toothpaste may be easier to tolerate. You could also try an SLS (Sodium lauryl sulfate) free toothpaste which doesn't foam and is often available as mildly flavoured or flavour free versions.
  - ✓ You may find cleaning between your teeth with interdental brushes or floss useful.
  - ✓ Applying your toothpaste with your finger may avoid triggering symptoms if a toothbrush is too much.
  - ✓ Pregnancy Sickness Support has a blog post on Tips for Managing Oral Health with some more ideas.
  - ✓ If your dental health is a concern, please consult your dental health professional for information on protecting your teeth.

- × Ginger is a popular suggestion for "morning sickness". However, there is only very limited evidence that this is helpful in mild nausea and vomiting of pregnancy.
- × Ginger should **not** be suggested to you as a treatment for moderate to severe symptoms. You can eat and drink things containing ginger if you find these palatable, but they are no substitute for evidence-based, effective treatments.

For more information on coping strategies, https://pregnancysicknesssupport.org.uk/get-help/coping-strategies/ provides some useful suggestions.

Medical treatments for nausea and vomiting in pregnancy

More information on individual medications can be found below in the ***treatments section***.
For all cases of nausea and vomiting of pregnancy (whether mild, moderate or severe) the treatments and routines needed to alleviate your symptoms will be individual to you and may even vary from one

pregnancy to the next. Sometimes individual treatments may not be sufficient and instead a combination may be needed.

Considerations when deciding which treatment is right for you and your child

Mild to moderate pregnancy sickness typically improves by weeks 16 to 20 of gestation. Of those who are diagnosed with HG, around 20 out of 100 will suffer for their whole pregnancy and around 20 out of 100 will need treatment in hospital. One third of those treated in hospital will be admitted more than once in that same pregnancy
This variation means that there is not a simple "yes" or "no" answer to whether a treatment is compatible with breastfeeding. Below are some points to consider with your healthcare professional when making this decision.

How old is your child?

- **Exclusively breastfed under 6 months or under 1 year** -
  - Milk remains the main source of energy and nutrition for children under one year of age.
  - Babies who are otherwise healthy are not likely to experience side effects during short courses of medication. If you need a longer course, you can follow the monitoring suggestions below.
  - If your milk supply is reduced due to pregnancy sickness treatment, dehydration or pregnancy, then you will need a plan to keep your child fed. This may include giving expressed milk stored in advance, or formula. If you do need to use formula this can be done in combination with breastfeeding and this does not mean you have to stop breastfeeding before you are ready to.
  - For more breastfeeding support, please contact the National Breastfeeding Helpline.
- **Night feeds**- certain medicines may make you drowsy. If this happens you may need a partner/ helper to support you to hold your child safely (and stay awake) during feeding and put your child safely back to sleep after night feeds.
- **Monitoring your child** - If you are feeding a child under one year of age during treatment for nausea and vomiting of pregnancy or HG, you will need to monitor your child for effective feeding, ensuring they are waking for feeds, having normal wet and dirty nappies and gaining weight as expected.
- **Over a year old? Two years old or beyond?** Milk intake usually decreases over time. Children over one year, and older children, are less reliant on milk feeds and so the amount of medicine you transfer to these children will be very small. If your milk supply reduces or you feel unable to breastfeed as much, they can drink cows' milk or a suitable non-dairy alternative. Formula is not needed for children over one year of age.
- **Do you bed share?** Some treatments may make you drowsy which can affect bed sharing safety. See BASIS – Baby Sleep Information Source for information on safe bed sharing.

The following treatments are only available with a prescription. It may be helpful for you to take this information with you to your appointment to discuss with your doctor.

First line treatments

✓ **Doxylamine and pyridoxine (as Xonvea ®)** modified release tablets.
- Doxylamine 10mg (an antihistamine medicine) and pyridoxine (vitamin B6) 10mg. Doxylamine works by blocking the chemical messenger histamine in the vomiting centre in your brain that can make you feel sick. How pyridoxine works is not fully understood. However, pyridoxine deficiency can contribute to worsening nausea. It is also thought to help improve the effect of doxylamine.
- Xonvea® is the only licensed medication on the market in the UK for the treatment of nausea and vomiting of pregnancy (NVP) in people who do not respond to self-help measures such as lifestyle and diet change. This may be a preferred first option for some because it's a medicine that is specifically available for use in pregnancy, however it isn't available in all areas of the UK.
- Xonvea® can make you drowsy. (See safe sleep information above)
- Some higher doses of Xonvea® or long courses may cause drowsiness and irritability in your infant or decrease your milk supply.
- Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies and expected weight gain.

✓ **Cyclizine** oral tablets, intramuscular injection or intravenous injection.
- Cyclizine is an antihistamine medicine, it works by blocking the chemical messenger histamine in the vomiting centre in your brain that can make you feel sick.

- There are currently no published studies or research evidence available for the use of cyclizine during breastfeeding. Studies of other antihistamine medications suggest low amounts of cyclizine are likely to be present in milk.
- At usual doses, short courses of cyclizine are not expected to impact your milk supply or cause side effects in your child.
- Cyclizine can make you drowsy. (See safe sleep information above)
- Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies and expected weight gain.
- Longer courses of cyclizine can be used with caution, monitoring your child more closely for drowsiness.
- For more information, see the NHS page Pregnancy, breastfeeding and fertility while taking cyclizine

✓ **Prochlorperazine** oral tablets, buccal tablets, intramuscular injection, intravenous injection, or rectal suppository.

- Prochlorperazine works by blocking the action of the chemical messenger dopamine in the brain. This stops nausea messages being sent to the vomiting centre in your brain.
- Only small amounts of prochlorperazine are likely to be passed into breastmilk, however there are no published studies or research evidence available on its use while breastfeeding.
- Prochlorperazine may make you drowsy. (See safe sleep information above)
- Short courses may be used with caution.
- Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies, expected weight gain, irritability and jerky movements or tremors.
- For more information, see the NHS page Pregnancy, breastfeeding and fertility while taking prochlorperazine

✓ **Promethazine** oral tablets, intramuscular injection or intravenous injection.

- Promethazine is a sedating antihistamine medicine. It works by blocking the chemical messenger histamine in the vomiting centre in your brain that can make you feel sick.
- Promethazine may be used with caution.
- Promethazine can make you drowsy. (See safe sleep information above)
- Shorter courses are preferable, but if needed, longer courses can be considered. Long courses are more likely to cause sedation and may affect your milk supply.
- Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies, weight gain, irritability and jerky movements or tremors.
- For more information, see the NHS page on Promethazine

◈ **Chlorpromazine** oral tablets.

- Chlorpromazine works by blocking the chemical messenger dopamine in the brain stopping nausea messages from being sent to a part of your brain called the vomiting centre
- Less commonly used in the UK.
- Chlorpromazine can make you drowsy. (See safe sleep information above)
- It has been found to cause drowsiness in some babies.
- You may prefer to try alternatives first.
- Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies, expected weight gain, irritability and jerky movements or tremors.

Second line treatments

Where there are MHRA drug safety alerts in place that restrict the duration of treatment with the medicines in this section, your maternity/ hospital team may continue prescribing these for you instead of your family doctor, due to the need for closer monitoring. There will be different pathways depending on where you live, so if you are concerned about how to continue your prescription while it is still needed, please discuss this with your healthcare professional.

✓ **Metoclopramide** oral tablets, intramuscular injection, intravenous injection, or subcutaneous injection.

- Metoclopramide works by tightening the muscles at the top of your stomach and relaxes the muscles at the bottom of your stomach to encourage your stomach to empty its contents in the

right direction faster, making you less likely to be sick. It also blocks the chemical messenger dopamine in the brain stopping nausea messages from being sent to a part of your brain called the vomiting centre.

- Metoclopramide can be taken short-term while breastfeeding, no concerns have been reported in breastfed babies.
- Caution should be taken if you have experienced depression. Mental health side effects, including low mood, may be experienced more commonly when taking metoclopramide.
- In 2014 an MHRA safety alert was published, warning of the risk of the side effects of metoclopramide, restricting use to 5 days with a maximum dose of 10mg up to three times a day.
- The most recent RCOG guidelines recommend that you can take metoclopramide for longer than 5 days if you gain symptomatic relief when taking it without negative side effects. If you need to take metoclopramide for longer than the 5 days your specialist can advise you.
- Metoclopramide may also make your QT interval longer (meaning the heart muscle takes longer to recharge after a beat). This may be particularly important if you receive this medicine by injection, or if you also take other medicines that can affect your QT interval. Your healthcare professional can monitor your heart by doing an ECG if needed.
- Metoclopramide may make you drowsy. (See safe sleep information above)
- Other medications may be preferred.
- Your child should be monitored for drowsiness, upset tummy including wind or diarrhoea, and tremors or jerky movements.
- Metoclopramide may cause your milk supply to increase unexpectedly.
- For more information, see the NHS page Pregnancy, breastfeeding and fertility while taking metoclopramide

✓ **Domperidone** oral tablets or rectal suppository.

- Domperidone works by tightening the muscles at the top of your stomach and relaxes the muscles at the bottom of your stomach to encourage your stomach to empty its contents in the right direction faster, making you less likely to be sick. It also blocks the chemical messenger dopamine in the brain stopping nausea messages from being sent to a part of your brain called the vomiting centre.
- A safety alert was published in 2014, highlighting a small increased risk of cardiac side effects in specific populations. This has led to it being used less frequently. Guidance limits treatment with domperidone to "not usually longer than 7 days for all patients". There are additional cautions for people with increased cardiac risks, or if they already take medication which affects the heart.
- If you need to take domperidone for longer than a week, your specialist can advise.
- No serious side-effects have been reported in infants exposed to domperidone via breast milk.
- Short courses of domperidone are preferred over long courses due to the safety recommendations.
- If you take domperidone for a prolonged period, when you stop taking it, it is advisable to slowly reduce your dose over a period of weeks to avoid possible withdrawal symptoms such as insomnia, anxiety, depression, psychosis and tachycardia. These side effects can be difficult to manage if you experience them, they need careful management by your healthcare professional. It is important to discuss how to stop your domperidone with your healthcare professional.
- Domperidone has also been used to increase milk supply when prescribed by a specialist. If you are being treated with domperidone for nausea and sickness, you may experience an unexpected increase in your milk supply.
- Domperidone may make you drowsy. (See safe sleep information above)
- Monitor your child for diarrhoea, or signs of a dry mouth which may cause difficulty feeding.
- For more information, see the NHS page Pregnancy, breastfeeding and fertility while taking domperidone

✓ **Ondansetron** oral tablets, intravenous injection or rectal suppository.

- Ondansetron works by stopping the chemical messenger serotonin from binding to receptors in the brain that cause the feeling of nausea and vomiting.
- Ondansetron can be used while breastfeeding.
- There is currently no published evidence of use during breastfeeding but its properties make it unlikely that it will pass into milk in high amounts.

- Monitor your child for drowsiness, irritability, poor feeding, diarrhoea or constipation and fewer wet nappies.
- Ondansetron can cause severe constipation, so you may need to take laxatives. For more information, please see our factsheet on Constipation Treatment and Breastfeeding. You will need to discuss suitability of choices in pregnancy with your healthcare professional.
- In 2020, the MHRA highlighted concerns over ondansetron's association with a small increased risk of cleft palate if used prior to 12 weeks gestation. The UKTIS position statement discusses the available evidence which you can talk through with your healthcare professional. It remains a recommended choice if needed. The MHRA concerns do not relate to your breastfed child.

Third line treatments

Corticosteroids (also known as steroids) are used when first- and second-line treatments haven't helped. Steroids are prescribed in addition to the other treatment(s). Higher doses of steroids may reduce milk supply in some people, so you should monitor your child for fewer wet nappies and adequate weight gain.

✓ **Hydrocortisone** 100mg twice daily until improvement occurs. This is usually only needed for 1-2 days but individual treatment may vary.
- Hydrocortisone is one of the preferred steroids of choice when breastfeeding. It is naturally found in breastmilk.
- If you are taking a high dose or long course of hydrocortisone, this may increase your child's exposure to hydrocortisone. Your child may need additional monitoring - your healthcare professional will advise you if this is necessary (SPS).
- If your breastfed child is reliant on milk as their main source of nutrition, monitor them for adequate feeding and weight gain.
- You should also monitor your child for upset tummy with vomiting or diarrhoea, irritability or more drowsiness than usual.
- For more information, see the NHS page Pregnancy, breastfeeding and fertility while taking hydrocortisone tablets

✓ **Prednisolone** tablets 40–50mg daily are usually given when the course of hydrocortisone has finished. The dose is slowly reduced until the lowest effective dose that controls symptoms is found.
- Prednisolone is one of the preferred steroids of choice when breastfeeding.
- If you are taking over 40mg daily or a long course of prednisolone, this may increase your child's exposure to prednisolone. Your child may need additional monitoring which your healthcare professional will advise you on if it's necessary (SPS).
- Monitor your child for adequate feeding and weight gain.
- Pregnancy, breastfeeding and fertility while taking prednisolone tablets and liquid

The Specialist Pharmacy Service (SPS) and Society for Endocrinology have published guidance on who is at risk of adrenal crisis in an emergency or at times of increased need for cortisol (our body's own steroid) such as illness or childbirth. You will need a steroid emergency card if taking hydrocortisone or prednisolone for longer than 4 weeks. Speak to your pharmacist or doctor about this if you don't have a card already. This is not something to worry about, but if you are unwell, or receiving treatment from a healthcare professional, show them your card, they can give you additional steroids to keep you well. For more information, the Steroids - NHS webpage talks about this in more detail.

Treatment for Dehydration

If you become dehydrated and need intravenous (IV) fluids, either by visiting the hospital for an appointment, or as an inpatient in hospital, you may receive saline and vitamins, which protect you from the side effects of dehydration and a reduced dietary intake. For people with a continued reduced dietary intake, thiamine may be prescribed while you're not able to eat.

✓ **Intravenous fluids** - Saline 0.9% with potassium chloride
- Intravenous (IV) fluids with potassium chloride are compatible with breastfeeding.

Intravenous fluids are given with vitamins B and C or thiamine :

- ✓ **Vitamins B+C Intravenous High Potency concentrate (as own brand and Pabrinex ®)** IV solution for infusion includes- thiamine 250mg, riboflavin 4mg, pyridoxine 50mg, ascorbic acid 500mg, nicotinamide 160mg, and glucose 1000mg.
  - Doses of pyridoxine (vitamin B6) should not routinely exceed 40-100 mg daily during breastfeeding, however correcting dehydration and preventing you from becoming very unwell while being rehydrated is very important.
  - If you take Pabrinex® alongside Xonvea®, it is possible you may experience a reduction in your milk supply. Your doctor will be able to decide with you what is safe for you and your children. Pyridoxine leaves the body very quickly and is completely gone within 5-10 hours.
  - Taking Pabrinex® alongside Xonvea® would not be a reason to stop breastfeeding, you can continue to feed as usual.

- ✓ **Thiamine** 100mg oral tablets, usually 300mg daily as 100mg three times daily.
  - Some areas may use thiamine injections if Pabrinex® is unavailable.
  - Thiamine can be taken while breastfeeding.

Beyond Treatment

If you are separated from your child for a short period of time, or admitted to hospital and unable to breastfeed regularly, you may need to express breastmilk to help maintain your supply and avoid mastitis (See our page on mastitis for more information). You may notice that your supply reduces, or you may find that you are unable to express much milk at all (this will also depend on your stage of pregnancy and how old your breastfed child is). Your hospital infant feeding team will be able to support you with your feeding goals and to stay with your child where possible. If your hospital has a policy to keep you together with your child, you will likely need a chaperone to stay with you to look after your child while you're too unwell to do so yourself.

If you find you are unable to breastfeed as much as you would have liked to, it may help to remember that all breastmilk is beneficial. It can be upsetting not to meet breastfeeding goals. Professor Amy Brown discusses breastfeeding grief in more detail and is an insightful read. The National Breastfeeding Helpline is available for practical support and to talk through feelings about breastfeeding including breastfeeding grief.

Pregnancy sickness and HG can feel never-ending, and can impact on all aspects of our lives, from our caring responsibilities to our work to our mental health. It can be really hard to reduce expectations of ourselves and give ourselves permission to rest, but the evidence confirms that rest and pacing ourselves (even, and especially, in the moments when we feel slightly better) is crucial. Pregnancy sickness support share their thoughts on this here - Coping Strategies | Pregnancy Sickness Support.

The research also highlights that many people avoid seeking out support or treatment for pregnancy sickness or HG for a variety of reasons that include concerns about the potential impact on pregnancy. This may be further impacted by worries about the potential impact of treatments on a breastfeeding child. Seeking out support and information will empower you to make an informed decision that feels right for you and your situation and will enable you to advocate for yourself.

Pregnancy Sickness Support are available to talk through the grief of pregnancy sickness, with trained staff and peer supporters who have also experienced pregnancy sickness.

Related fact sheets

Anxiety and Breastfeeding
Feeling depressed and Breastfeeding?
Constipation Treatment in Breastfeeding Mothers
Indigestion and Breastfeeding
Anticoagulants and Breastfeeding
Prednisolone and Breastfeeding
Patient information leaflets – what do they mean?

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