

Morning sickness doesn't only occur in the morning. So why do we still call it that?

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As many as [90%](#) or more of pregnant people experience some degree of nausea or vomiting, often colloquially referred to as "morning sickness."

For some, it is relatively mild, coming and going during the first trimester without much fuss. For others, it can be severe, life-changing and [traumatic](#).

But the term "morning sickness" is a misnomer. Findings clearly show nausea and vomiting can occur throughout the day.

A recent and novel [study](#) had pregnant women complete a symptom diary for each hour of the day across the first seven weeks of [pregnancy](#). It found while peak symptoms occur in the morning, almost as many women experienced symptoms in the late afternoon or night as did in the morning.

Frequent symptoms of nausea and vomiting can become a significant problem, impacting an individual's health, well-being and ability to perform basic tasks.

Given nausea and vomiting in pregnancy is frequently misunderstood and its effects often underestimated, its incorrect naming contributes to the stigma and lack of effective treatments faced by many women.

The severe impacts of nausea and vomiting in pregnancy

The most severe form of nausea and vomiting in pregnancy is called [hyperemesis gravidarum](#) and is reported to affect up to [3.6%](#) of [pregnant women](#). Women with hyperemesis gravidarum have severe and persistent symptoms that can make it difficult for them to eat and drink enough. It can lead to weight loss, dehydration, and nutritional deficiencies.

It can also have a big impact on a person's emotional, mental and

physical health. Some people might be too sick to work, look after themselves or others, or complete normal daily activities. The economic and psychosocial effects of this can be profound.

In addition, [recent studies](#) report high rates of pregnancy termination, as well as suicidal thoughts, among hyperemesis gravidarum sufferers. This is on top of the range of [adverse pregnancy outcomes](#) (such as low birth weight) associated with the condition.

Even when not considered severe enough to constitute hyperemesis gravidarum, nausea and vomiting in pregnancy can still have profound impacts, greatly impacting women's health, mental well-being, work, relationships, quality of life and experience of pregnancy.

The stigma women face

While the significant burden of nausea and vomiting highlights the importance of early and effective treatment, the reality faced by many women paints a different picture. A recent [Australian survey](#) found one in four respondents reported being denied medications for treating nausea or hyperemesis.

In part, this could reflect the ongoing hesitancy towards using medications during pregnancy since the thalidomide tragedy in the 1960s. But it also reflects the enduring stigma those experiencing nausea and vomiting in pregnancy face when trying to receive care.

As recently as the early 1900s, the root cause of nausea and vomiting in pregnancy was thought to be psychological. Journal articles referred to "[hysteria](#)" as a principal cause of nausea and vomiting, and of individuals [manifesting](#) symptoms as a result of being unhappy with their pregnancy or marriage, or seeking attention.

These erroneous beliefs have led to various dismissive and damaging practices resulting in women feeling isolated and unsupported. A [2004 French study](#) reported treating [women](#) admitted to hospital for hyperemesis gravidarum by subjecting them to isolation from friends or family to see if they would reveal their "secret desire" for an abortion.

[Biologists](#) have argued nausea and vomiting in pregnancy serves a beneficial function to protect mothers and their unborn children from potentially harmful exposures. In part, this is based on evidence those experiencing nausea and vomiting in pregnancy are [less likely to have a miscarriage](#).

While it seems to be accurate that nausea and vomiting in pregnancy has benefits, this argument presents it as a "rite of passage" and something individuals should welcome, while trivializing its associated burden.

How should nausea and vomiting in pregnancy be defined?

While nausea and vomiting in pregnancy is common, when prolonged it can quickly become a debilitating medical condition. It's important individuals experiencing nausea and vomiting in pregnancy are listened to and get the treatment they need, rather than being dismissed.

[Guidelines](#) often recommend using screening tools which classify individuals as having mild, moderate or severe nausea and vomiting based on responses to three questions about how they have been feeling over the past 24 hours.

While tools like this can be useful to guide or monitor treatment, they can risk causing further harm if used to restrict access to care based on perceived symptom severity. It's crucial that treatment decisions not be

based solely on a number, but rather on a comprehensive evaluation of an individual's emotional, mental and physical health.

Time to retire the term 'morning sickness'

A term that incorrectly describes the nature and spectrum of an illness can be expected to further perpetuate stigmas faced by those seeking clinical care. Given it's well recognized the term is felt by many to downplay the condition, we must ask ourselves why we continue to use the term "morning sickness."

This description is inaccurate, simplistic, and therefore unhelpful. Referring to the illness by what it is, nausea and vomiting in pregnancy or "NVP," could reduce stigma and lead to better outcomes for sufferers.

Perhaps more important is recognition that not all [nausea](#) and vomiting in pregnancy is experienced equally, and treating it as such risks trivializing the experience of each individual.

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