

Gastroenteritis in Pregnancy and Breastfeeding

MotherSafe - Royal Hospital for Women

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Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect. Breastmilk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.

What is gastroenteritis?

Gastroenteritis (often called “gastro”) is a common illness that can cause abdominal cramps, diarrhoea and vomiting.¹ Other symptoms may include loss of appetite, bloating, nausea, fever and generally feeling unwell, including tiredness and body aches. In most people the symptoms improve within a few days.²

Causes of gastroenteritis

Viruses are the most common cause of gastroenteritis and are usually spread from person to person through touching surfaces or sharing food and drinks contaminated with droplets containing the virus. Contaminated food (food poisoning), water or handling infected animals can also cause gastroenteritis, usually from bacteria or parasites. Occasionally chemicals and medication can cause gastroenteritis.^{1,2}

Changes in bowel movements, such as constipation or less commonly diarrhoea, may also occur as pregnancy related symptoms without being considered gastroenteritis. Diarrhoea that happens at or near term may be a sign of labour.³ Consult your doctor if uncertain about the cause of your symptoms.

Why treat?

The main risk associated with gastroenteritis, especially in pregnant and breastfeeding women, is dehydration (loss of water), which sometimes results in a loss of sugar and salts that the body needs to function normally. This can be prevented by replacing the water and salts lost by vomiting and diarrhoea.²

Treatment of infectious gastroenteritis

People with diarrhoea or vomiting should

- Rest at home and not attend work^{1,4}
- Drink small amounts (sips) of clear fluids such as water often (every five to ten minutes). Oral rehydration drinks, such as Gastrolyte and Hydralyte, are available from chemists and also help to replace fluids and salts.¹
- Eat if you feel hungry. Start with bland foods such as crackers, rice, bananas or dry toast. Usually people are back on a normal diet in two to three days, even if diarrhoea continues.¹
- **If symptoms are severe** including being unable to keep down any fluids, not passing much urine, feeling dizzy when standing up then **urgent medical treatment** is recommended if these symptoms do not resolve quickly.¹ Treatment in hospital may be required and fluids may need to be administered intravenously (directly into the bloodstream using a thin tube that goes into the vein-this is often referred to as a “drip”).²

How is the spread of gastroenteritis prevented?

After using the toilet, changing nappies and before eating or preparing food, wash your hands thoroughly with soap and running water for at least 10 seconds and dry them with a clean towel.^{1,2}

Do not prepare food for others or care for patients, children or the elderly until 48 hours after diarrhoea or vomiting ceases.¹

For general food safety guidelines in pregnancy see the NSW Food Authority.
www.foodauthority.nsw.gov.au/Documents/foodsafetyandyou/pregnancy_brochure.pdf

Medicines recommended in pregnancy

If medication is considered to control mild diarrhoea during periods of social inconvenience (such as travel or work), use the minimum effective dose for the shortest time possible.⁵ Loperamide is most often recommended. Diphenoxylate with atropine (Lomotil) or codeine may also be used in pregnancy.⁶ However, anti-diarrhoeal medications should be avoided for moderate to severe diarrhoea as they do not treat the underlying cause and may prolong the illness.¹

If medication is needed to relieve nausea and vomiting there are a range of medicines which are safe to use in pregnancy. Consult your doctor or call MotherSafe for further advice.

Issues for breastfeeding

Continue to breastfeed your baby even if you have symptoms of gastroenteritis.⁷ It is important that you keep up your fluid intake while breastfeeding.

Medicines recommended in breastfeeding

If medication is considered to control mild diarrhoea during periods of social inconvenience (such as travel or work), use the minimum effective dose for the shortest time possible.⁵ Loperamide, is most often recommended, however diphenoxylate with atropine (Lomotil) may also be used in women breastfeeding a healthy full-term infant.⁶ However, anti-diarrhoeal medications should be avoided for moderate to severe diarrhoea as they do not treat the underlying cause and may prolong the illness.¹

If medication is needed to relieve nausea and vomiting there are a range of medicines which are safe to use in women breastfeeding a healthy full-term infant. Consult your doctor or call MotherSafe for further advice

As a general rule, it is best to breastfeed your baby first and then take medication.

See your doctor if these strategies do not help

Ask your midwife, doctor or pharmacist for the brand names of these medicines.

References

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3. Zielinski R, Searing K, Deibel M. Gastrointestinal distress in pregnancy: prevalence, assessment and treatment of 5 common minor discomforts. Journal of Perinatal and Neonatal Nursing 2015;29 (1):23-31
4. New South Wales Government NSW Health. Viral gastroenteritis fact sheet. November 2022. Available at <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/Viral-Gastroenteritis.aspx> Accessed February 2023
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NSW Medications in Pregnancy & Breastfeeding Service

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)