Gastroenteritis in Pregnancy

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

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.² 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 or through touching contaminated surfaces.¹ Contaminated food (food poisoning), water or handling infected animals can also cause gastroenteritis.¹

Changes in bowel movements, such as constipation or less commonly diarrhoea, may also occur as pregnancy related symptoms without being considered gastroenteritis.³ 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 women, is dehydration (loss of water), which sometimes results in a loss of sugar and salts that the body needs to function normally.² 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 work¹,⁴
- Drink small amounts (sips) of clear fluids such as water often (every five to ten minutes).¹ 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.¹ 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 such as you are unable to keep down enough fluids, not passing much urine, feeling dizzy when standing up, or passing urine that is dark in colour, then urgent medical treatment is recommended.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

Medicines recommended
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, which is most often recommended, and Diphenoxylate with Atropine (Lomotil) may be used in pregnancy.⁴ However, antidiarrhoeal medications should be avoided for moderate to severe diarrhoea as they do not treat the underlying cause and may prolong the illness.¹

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)
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.

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


**See your doctor if these strategies do not help**

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

**References**

6. The Royal Women's Hospital Pharmacy Department. In ePregnancy and Breastfeeding Medicines Guide [Internet]. Melbourne.

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