

Ondanestron in pregnancy

This leaflet outlines the risks and benefits of using Ondanestron in pregnancy for nausea and vomiting. It is adapted from information published by UKTIS (see link at end of leaflet).

What is it?

Ondansetron is an anti-sickness drug (sometimes called an anti-emetic). It is most commonly used in pregnancy to treat a severe form of sickness called hyperemesis gravidarum, or HG.

What are the benefits of taking Ondanestron?

Ondansetron is a very effective medicine that works by blocking the action of chemicals in the body that trigger nausea and vomiting. Ondansetron can greatly improve quality of life in women with hyperemesis gravidarum, as well as helping to prevent the serious complications that can be caused by this condition.

What are the risks of taking Ondanestron?

Some studies have suggested that heart defects and cleft lip and palate may be more common in babies exposed to ondansetron in early pregnancy. However, these findings need to be confirmed with further research. The available evidence shows that the vast majority of babies exposed in the womb to ondansetron do not have these birth defects. Ondansetron used after around week 10 of pregnancy would not be able to cause these problems as the baby is fully developed by this stage.

There are no concerns that ondansetron use in pregnancy affects the chance of miscarriage, stillbirth, preterm delivery or low infant birth weight.

Are there any alternatives to taking Ondanestron?

Possibly. Other medicines can be used to treat hyperemesis, but generally will already have been tried before a doctor prescribes ondansetron. Where ondansetron use is being considered, your doctor will speak to you about the possible risks and you will decide together whether these are outweighed by the benefits of treatment.

If you have milder pregnancy sickness you may be able to cope without use of medicines. However, anti-sickness treatment is generally advisable if you are experiencing uncontrolled vomiting, as you are likely to be extremely unwell and unable to cope with the activities of daily living. Additionally, uncontrolled vomiting can lead to malnutrition, severe dehydration, and electrolyte imbalance. This is where the levels of salts in the bloodstream are altered, leading to adverse effects on the muscles and nervous system, and might require admission to hospital for rehydration through a drip.

Will my baby need extra monitoring?

All pregnant women in the UK should be offered a very detailed anomaly scan at around 20 weeks of pregnancy as part of their routine antenatal care. No extra monitoring for major birth defects is required following ondansetron use in pregnancy.

Further information

- <https://www.medicinesinpregnancy.org/bumps/Medicine--pregnancy/Ondansetron/>
- <https://www.gov.uk/drug-safety-update/ondansetron-small-increased-risk-of-oral-clefts-following-use-in-the-first-12-weeks-of-pregnancy#:~:text=rules%20in%202021-,Ondansetron%3A%20small%20increased%20risk%20of%20oral%20clefts%20following%20use%20in,lip%20and%20For%20cleft%20palate.>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Dr C Prentice, ST7 O&G Registrar, February 2021

Next review due: February 2023