

Ondansetron in pregnancy

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

What is ondansetron?

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 ondansetron?

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 for those 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 ondansetron?

Some studies have suggested that heart defects and cleft lip and palate may be more common in babies exposed to ondansetron in early pregnancy. Cleft lip and palate occurred in 14 per 10000 in women taking ondansetron versus 11 per 10000 in the general population. However, these findings need to be confirmed with further research. Ondansetron used after around week 10 of pregnancy would not be able to cause these problems as the mouth and lips are fully formed by this stage.

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

Are there any alternatives to taking ondansetron?

Other medicines can be used to treat hyperemesis gravidarum or severe sickness, but generally these 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 the 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 life. 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?

You will be offered a very detailed anomaly scan at around 20 weeks of pregnancy as part of your 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>

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

Dr C Prentice (Consultant O&G), February 2021

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