

Women's responses to nausea and vomiting in pregnancy

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Abstract

Objective

To explore women's experiences of nausea and vomiting in pregnancy.

Design

Secondary (thematic) analysis of data collected by narrative interviews for two wider studies about antenatal screening and about pregnancy for the Healthtalkonline website (www.healthtalkonline.org).

Participants and setting

A maximum variation sample was recruited throughout the UK. Data from the 73 women interviewed have been analysed. Interviews took place mostly in the home.

Findings

Sickness is considered as a typical and almost inevitable feature of pregnancy. Against this backdrop a framework for understanding women's responses to nausea and vomiting in pregnancy and the meanings they attach to it is suggested: nausea and vomiting as something to be: expected; survived; resisted; resented; acknowledged by others.

Key conclusions

The concepts of loss of self and biographical disruption from the field of chronic illness appear to resonate with the women's experiences, and may perhaps be extended to transient as well as chronic health conditions.

Implications for practice

Many women would appreciate greater acknowledgement of the distress nausea and vomiting in pregnancy causes them, information about remedies and strategies other women have found helpful,

and reassurance. Expressions of empathy by healthcare professionals are frequently lacking and particularly desired.

Introduction

‘Morning sickness’ is a powerful marker of pregnancy in the popular imagination. It is a common experience, with estimates that at least 80% of women experience a degree of nausea and/or vomiting in pregnancy [NVP] (Gadsby, Barnie-Adshead and Jagger, 1993). Deuchar (1995) suggests that ‘while mild and moderate NVP can be viewed as physiologically and epidemiologically normal, both severe NVP *and the total absence of NVP are probably abnormal*’ (p.8, our emphasis).

The causes of NVP remain a contested area, which we do not examine here. It should be noted that for most women the notion that it is ‘all in the mind’ is difficult to reconcile with the daily physical reality of sickness (O’Brien and Naber, 1992), and may lead to symptoms being inappropriately dismissed by health professionals as trivial or attention-seeking (Munch, 2000). However, Goodwin (2002) identifies an interesting potential psychological mechanism, namely ‘anticipatory nausea’. This has been well researched in cancer, but not yet in pregnancy. In the same way that people expect (and fear) sickness after chemotherapy, normative cultural expectations of pregnancy may lead to a degree of anticipatory nausea: ‘I should feel sick, therefore I do’.

An additional factor affecting women’s experience and perceptions of NVP is the dilemma of treatment. The discovery that the anti-sickness drug Thalidomide was causing fetal malformation in the 1960s led to extreme caution in prescribing drugs during pregnancy. Both women and professionals may therefore assume there is nothing to be done about the sickness, and the consensus that it is a normal part of pregnancy reinforces this assumption. Yet for women with more prolonged or severe sickness medical intervention may be essential.

In this paper we propose a framework for understanding women’s responses to NVP and the meanings they attach to it against this backdrop of sickness as a typical and almost inevitable feature of pregnancy. We then discuss these responses with reference to the concepts of loss of self and biographical disruption from the field of chronic illness¹.

Methods

This paper draws on two qualitative studies undertaken by the Health Experiences Research Group

¹ A longer version of this paper first appeared in Midwifery – Locock, Alexander and Rozmovits 2008. We are grateful to Elsevier for permission to revise the article for this chapter.

at the University of Oxford. In addition to traditional peer review publication, the group uses video, audio and written extracts from interviews with people who have a particular health experience to create the Healthtalkonline website (www.healthtalkonline.org), which offers support and information for others going through similar experiences, and resources for professional education.

The first project was a study of experiences of antenatal screening and diagnosis, funded by the UK National Health Service Screening Committee (2003-4). All interviews were conducted by LL. The second was a study of experiences of pregnancy, funded by the Department of Health for England (2004-5). Interviews were conducted either by LL or LR, apart from three British Pakistani women interviewed by another experienced qualitative researcher².

For both studies, participants were recruited nationally, seeking maximum variation across demographic factors (ethnicity, age, socio-economic group, geographical region and marital status), as well as variation in experiences. Recruitment was conducted through general practitioners, antenatal clinics and classes, Sure Start Centres³, and a range of voluntary associations and support groups. All Healthtalkonline studies have ethical approval from a multi-centre research ethics committee. Each project was overseen by an expert advisory panel comprising researchers, practitioners, support group representatives and service users. JA was a member of both panels.

41 in-depth narrative interviews (33 women, 6 couples and 2 male partners) were conducted for the antenatal screening study, and a further 35 (33 women, 1 couple and 1 male partner) for the pregnancy study. Participants in both studies were asked to talk about their early pregnancy experiences. Most interviews were conducted in the person's own home, unless they chose a different location. Interviews lasted between 45 minutes and 3 hours. They were video or audio recorded and transcribed verbatim. Participants were interviewed either during pregnancy or within 2 years after a birth or a termination⁴.

Data were coded and analysed thematically using N6 software. Analysis was led by LL. The development of the coding framework drew on both emergent themes and existing theory and research. More codes were identified as the analysis progressed. Overall findings from both studies illustrated by clips from the interviews are available on www.healthtalkonline.org, as well as further details about the methods used.

² Our thanks to Ghazala Mir, Senior Research Fellow at the Institute of Health Sciences, University of Leeds

³ Sure Start Children's Centres are government-funded centres providing advice and support for parents

⁴ One exception was made to include a specific experience for which no other volunteers had been found – a mother whose daughter was born with heart defects which were not diagnosed until 10 weeks after birth was interviewed when her daughter was just three.

Following the initial coding process, the material coded to ‘feelings in the early weeks’ and ‘sickness and hyperemesis’ was re-analysed and a more detailed coding structure was developed, led by LL and JA. Quotations used below were selected on the basis of this analysis to illustrate themes relating to women’s reactions to NVP. The number of each interview is given at the end of each quotation, with ‘P’ standing for participants in the pregnancy study and ‘AN’ for participants in the antenatal screening study. One woman with severe hyperemesis (AN29/P60) was interviewed originally for the antenatal screening study when 20 weeks pregnant. This pregnancy ended in a stillbirth, and she decided to be interviewed again for the pregnancy study to share this experience.

Findings

Our analysis led us to develop a framework for understanding women’s reactions to NVP. In the following sections we discuss NVP as something to be:

- Expected
- Survived
- Resisted
- Resented
- Acknowledged by others

The theme of NVP as something to be expected is central to the analysis; the expectations of women and of professionals, and the differences between expectation and reality, shape other responses to NVP.

NVP as something to be expected

Feeling or being sick is for many women one of the first signs that they are pregnant, sometimes a sign they have been watching and waiting for. It was evident from their responses that for many women sickness came as no surprise, and was seen as normal and inevitable.

I just got the usual morning sickness, nothing more than that. [AN17]

I was feeling nauseous all the time, but I knew that was to be expected. [P9]

Given cultural expectations attached to ‘morning sickness’ as a marker of pregnancy, its onset,

however unpleasant, may prompt celebration, especially if the pregnancy has been long planned or awaited. One woman who had been having investigations for infertility remarked:

We were absolutely overjoyed, and I mean I knew I was pregnant almost immediately. You know, I'm not saying that I necessarily felt conception, but I mean I knew, because I just started feeling sick and tired and getting up in the night to have a wee...I just knew. [AN36]

Our sample included women who reported having no nausea in previous pregnancies which had resulted in miscarriage or stillbirth. For them, feeling sick was taken as a welcome sign that this time things might be different – that this could be a 'proper' pregnancy.

My midwife did come and see me...Because I remember I was suffering from very bad morning sickness, and she'd indicated to me that that was a good sign because in my previous pregnancies I hadn't had any morning sickness. [AN7]

Although NVP was generally expected, some women were nonetheless surprised by how bad it really felt. Both the duration and intensity of their symptoms might be beyond their expectations of 'normal' morning sickness. Women were also unprepared for how debilitating it could be to feel nauseous without actually vomiting.

With my first it went on for about the whole pregnancy, but for the first six months, seven months, I couldn't digest anything....I just felt like, "When is this going to end?" ...People said three months, it should finish for three months. It went on and on and on, and I just couldn't cope.... I kind of expected sickness, at least for three months. [P25]

I think the feeling of nausea is probably worse than actually being nauseous, actually, when you bring it up it's not so bad, you know, it's out of your system. But when it's still in there and you're, you're just constantly feeling nausea all day, it's horrible, you can't do anything. [P31]

The very term 'morning sickness' generates an expectation that it will be confined to certain times of day. For some women this was indeed their experience.

I used to go to the bathroom and as soon as I started cleaning my teeth...I used to just touch a point on my back teeth and that used be it for about twenty minutes, which is really

horrible, and very different to any other time, because it came from nowhere and then it would actually go to nowhere....I think it was kept in its place in that it would be twenty minutes, half an hour in the morning and that used to be it....The rest of the day was absolutely fine. [P33]

It was dot on cue, half nine every morning I'd be in the toilet throwing up. [P13]

However, other women found their experience contrasted strongly with this notion of being able to keep sickness in its 'proper' place in the morning.

I had a really rough first trimester.....It gave a new definition to morning sickness because it wasn't morning sickness [laughing], it was really all day sickness. [AN8]

Some women experiencing their first pregnancy were pleasantly surprised that they did not have NVP, or that it was not as bad as expected. As one mother explained, this might be interpreted as a lucky and unusual escape.

I think I was quite lucky, really. I mean, I think having read about the symptoms of pregnancy, in the early stages I only had like little subtle things, like food tasting funny, that kind of thing happening. I didn't really have really bad morning sickness. I did feel nauseous quite a lot, but I didn't luckily, I wasn't really sick as a result of morning sickness, thank God. [P20]

Expectations were often shaped by previous pregnancies. Several had come to expect NVP every time, but occasionally expectations based on past experience were confounded. Women who felt better in a subsequent pregnancy sometimes put this down to the very fact that they were expecting NVP, and as a result it did not seem so bad – the reverse of 'anticipatory nausea'. Others reflected that they had less time to dwell on it.

They say each pregnancy is different. I think my second one, the sickness - I did have it, it wasn't as long as my first. It did go for about five months and it wasn't as severe as my first pregnancy, but I thought yes, because I've experienced it before, I knew to expect it. [P25]

I've paid it [second pregnancy] a lot less attention, because I guess I've got a small child to concentrate on.....Did I feel less sick, or actually did I just not have time to think about it? I

probably actually vomited less the second time, so probably it was a bit less bad. [AN9]

NVP as something to be survived

The struggle to keep functioning at work or at home shaped some women's perception of NVP as something to be survived - something over which they had little control but had to get through somehow.

People said to me things like, you know, "Oh, well, have you tried, you know, ginger, have you tried such and such's ginger biscuits? Have you tried doing this, that? Have you tried, you know, having toast in bed before you get up?" Like, I get up at ten past six in the morning to a screaming toddler, of course I haven't tried eating toast in bed before [laughs]. You just don't have time to indulge any of that. [AN9]

I felt as if I just had a constant hangover. I'd walk round Tesco's with a plastic bag, because I knew that I'd get sick in Tesco's or somewhere like that. And then I'd get a taxi to work every morning and have to stop the taxi on the way to work. I only work ten minutes away but it was just awful. And it never stopped, never stopped the whole way through, until the day that he was born. [AN29/P60]

Respondent: I don't want to jeopardise the health of my baby by taking pills that aren't necessary, so I thought I'd leave it.

Interviewer: So how did you manage?

Respondent: I just - I don't know. I was just vomiting constantly....It would be so severe that I'd be crying at the end of it. It was really, really bad, but you know, it was something that I knew I had to suffer.

Interviewer: Did you try any alternative kind of treatments, anything apart from medical?

Respondent: No, just dry biscuits, kind of thing, Rich Tea, which didn't really help, but yeah, that's about it. I didn't try anything else....I used to still vomit at work but, you know, I said, "No, I can, I'll stay", because they said to me, "If you want to go home" - and my work was really, really helpful. They were very supportive, but I just felt I didn't want to really take advantage, even though I was pregnant....I had my vomiting stages and stuff like that, but I'd get over it and I'd carry on with my work. [P25]

Again, the expectation that sickness is inevitable, and that there is little point in seeking help or

trying remedies or medication, lies behind this sense of just surviving it and struggling on.

NVP as something to be resisted

The idea that sickness has to be survived and 'got through' can be seen as a more passive response compared to a more active strategy of resistance. However, there is a degree of overlap between these themes, and the same woman might go through periods of both passive acceptance and more active resistance.

Several people adopted a seemingly paradoxical strategy of trying to control or confront sickness by letting it happen, in effect taking action to 'get it over and done with'. These women found that letting themselves be sick in the morning meant they could then get on with the rest of the day.

Well, I just used to sit over the sink. I used to put the cold tap on full and just sit over the sink and that was my morning... When I was working then I just used to get up a bit earlier, and get that out of the way and then carry on. [P33]

You try and fight it, you try and tell yourself that it's not actually morning sickness, that you're just feeling a bit off colour or a bit dizzy or whatever... But the thing was if you try and delay it until lunchtime you just end up feeling terrible for the rest of the day. So I used to just allow myself to be ill first thing in the morning, get it over and done with and then carry on with the rest of the day. [P19]

Women searched for information and evidence about what could help or took advice from friends. Several then adopted dietary and other strategies, with varying degrees of success.

I went for more bland foods because I did feel quite nauseous and I realised it dissipated at fourteen weeks, when the hormones change, which is what I'd been psyching myself up to hoping that would happen once I'd done my research. But I did discover towards the end of that period of time that if I basically thought of myself as being a mild diabetic and made sure that I had complex carbohydrates, not simple, and at regular sort of two-hourly intervals, and had a couple of Digestive biscuits before I went to bed it really did help. It really did help a lot. [AN24]

I've looked into it extensively to see if there's anything that you can take. I bought a tape off the internet... It didn't work. I've bought Peggie Pops, which are ginger and sour-tasting

things that are supposed to help you. I've drunk ginger tea, ginger biscuits, ginger ale, although there has been a study done very recently, I think, where they've said that ginger - and there's another vitamin as well, I think it's a B vitamin - that is supposed to ease the symptoms of morning sickness. But I have to say that none of it's worked with me.

[AN29/P60]

A few women had been told they might need to be admitted to hospital for treatment if their symptoms worsened. One was offered rehydration at home, which was little use:

I went to the doctors and she said, "Look, you know, if you carry on vomiting we'll have to send you to the hospital to have a drip." She gave me sachets which are absolutely nasty to take and I couldn't even take them. Each time, you know, I tried to take a sip I'd just start vomiting continuously and there was, I felt there was nothing I could do to stop them... I don't think anyone could understand how bad it was for me. [P25]

One woman with hyperemesis and diabetes was admitted for intravenous rehydration several times, and tried medication with some success. The need to control the severe vomiting outweighed her concerns about taking medication in pregnancy, although she still worried whether it had in some way caused her son's heart condition.

I took all the anti-emetics that they gave me, which also made me wonder about the heart condition, if that could have caused it. But I've looked into it - you know, that was one of the things I thought, "Oh my God, it must have been everything that I took whilst I was pregnant" - but they just say it's one of those things. I took all the anti-emetics, I went to the hospital every two weeks for my antenatal appointment and, without doubt, in the end I used to go up with an overnight bag, because I knew that when I went there they would say to me, "You've got to come in and be rehydrated."... They've just started me on a drug called Ranitidine, which is like an antacid type thing. And I've been taking that for two weeks, and I've started to feel a little bit better. I'm not being sick - I'm being sick every day but not multiple times during the day [AN29/P60]

NVP as something to be resented

Not surprisingly, for some women the degree of practical and emotional disruption to their lives and the physical stress of being sick led to resentment, especially in the case of longer term or more

severe symptoms. We have already seen examples of women asking themselves ‘when will this ever end?’ and wondering how much longer they could cope. One woman described ‘feeling as if I’d been invaded by some sort of toxic being that was poisoning me.’ [AN5]

A few women felt so sick in pregnancy they questioned whether they could go through it again, particularly with another child to look after.

At the moment I can see myself having one child for the rest of my days...I don't think I could cope with that nine months of sickness with a child, because how I coped with [son]'s pregnancy was just, I literally was bed-bound, house-bound for like nine months, and it was really horrible, really horrible, so I couldn't imagine that with [son], no. [AN34]

One mother started to resent the unborn baby.

I can honestly say that at some point I hated him. I felt, “My God, I just can’t stand being pregnant. I hate this. I just want him out. I don’t want him in there any more.”...That was one of the things, the reasons that I felt so resentful about being pregnant. I’d wanted this for so long, and then how could I feel so bloody crappy for the whole time?...That was another big factor in deciding not to have any more, because I thought I cannot even imagine having to look after a child when you’re feeling like this. [AN29/P60]

NVP as something to be acknowledged by others

Of course NVP usually resolves without intervention. However, many women in our sample felt that because it is seen as normal and expected, they were left to cope with it alone and that their symptoms were not considered a legitimate reason for seeking help. Several would have valued at least an acknowledgement of what they were going through and some sympathy and reassurance, both in mild and more severe cases.

Four weeks later I had a booking-in appointment with the midwife, who was an unusual character, to say the least. She’s never had any children – and I’m not sure that that’s a good thing for a midwife or not - but in my particular case she didn’t really have a huge amount of empathy with anything that I was going through and any of the worries. She said, “Oh, that’s normal.” And you know, “I’m feeling tired and sick.” “Oh, that’s normal” - but not, “Normal, and this is what you can do to help it” but, you know, sort of not that

bothered. [AN36]

I went to the doctors a few times, you know, and even through my antenatal appointments I did tell her and I said, “Look, is there nothing you can do? Because I am absolutely dying, I don’t know how long I can cope with this for. It’s just killing me.” And she said, you know, “No there isn’t. You know, it’s just one of those things”, and that’s it, kind of shrugged it off, really. [P25]

Women with more severe vomiting needed reassurance not only about themselves but also about the baby’s health.

You always sort of have that worry as well that your baby isn’t getting the vital nutrients it needs to grow. Because if you’re hardly eating anything, you do wonder how it can. [AN20]

While most comments were about the need for understanding and acknowledgement from midwives and general practitioners, other staff who come into contact with pregnant women also need to be alert to the effects of NVP. In particular, some women reported feeling sick during ultrasound scans.

Some women had encountered people who implied or even stated overtly that their nausea was psychological. They found this difficult to accept. One was upset to be told by a counsellor that her sickness was caused by unresolved feelings about a previous termination for Down’s syndrome. She felt the counsellor did not respect the reality of her symptoms. Another woman, with severe hyperemesis in every pregnancy, commented:

I read a little bit about it a while ago and someone in the paper, or on the news or something, saying that they’ve now decided, they’ve done a study and all morning sickness is psychological. It’s in your head. And it just makes me laugh, because I’m sure that with some women they think that it is a symptom that you have of pregnancy and they do feel nauseous. And a lot of time that might be psychological. But I think hyperemesis, which is a known illness in pregnancy, is certainly not psychological, because no woman would wish that upon themselves. [AN29/P60]

It is interesting that she acknowledged a potential role for anticipatory nausea, but rejected the suggestion that conflicting feelings about pregnancy might cause sickness. Indeed, she argued in the

opposite direction, namely that her undoubted resentment of pregnancy at some periods was *caused by* the nausea (see previous section).

Discussion

Limitations of the study

It is important to recognise the limitations to generalisability of qualitative research. Whilst it is possible to identify thematic patterns in women's responses, we cannot predict how individual women will respond to NVP, how many are likely to fall into each category and what variables will affect their responses. Further research in this area could show these categories are not exhaustive. What qualitative research does allow is a richer exploration of the detail of women's accounts and a voice to minority as well as majority experiences.

Neither of the studies from which these data are drawn was specifically designed to explore women's experiences of NVP. However, all the participants in the pregnancy study were asked about their experiences (if any) of NVP. The participants in the antenatal screening study were asked open questions about how they felt in the first few weeks, both physically and emotionally, and were also asked to give an account of finding out that they were pregnant. It therefore seems unlikely that the topic was not adequately explored with all participants. Indeed some women expressed their feelings about not having experienced NVP and it is unlikely that a study specifically seeking to recruit women to talk about NVP would have attracted these women.

Consistent with maximum variation sampling, the sample included women of lower socio-economic and educational status, and women from minority ethnic backgrounds; quotations from several of these women are included in the findings above. However, one might hypothesise that women from these groups may face additional difficulties in gaining access to information and negotiating support from employers and healthcare professionals. Studies of their particular experiences could provide important additional perspectives.

NVP as biographical disruption

NVP occupies an intriguing position between health and illness. As a common and expected part of pregnancy it can be defined as normal, even though in any other context frequent vomiting would be considered an illness state. Depending on its severity or duration it may shift towards the illness end of the spectrum, although the woman herself, other family members and professionals may have very different criteria for determining at which point the threshold has been crossed into

abnormality.

Given this boundary position between health and illness, the concepts of biographical disruption and loss of self normally associated with chronic illness may have relevance (Bury 1982, 1991; Charmaz 1983; Pierret 2003). Pregnancy itself may represent a very sharp (though not necessarily unwelcome) biographical disruption. Adapting to a new identity as ‘mother’, even in a planned and welcome pregnancy, may present unexpected challenges and processes beyond the woman’s control, which can in turn prompt feelings of ambivalence and loss of self. As Johnson (2000) puts it:

At no other time in a woman’s life is her identity more obviously supervised and regulated socially than during pregnancy. First she is made anonymous (significant mainly as context for the development of the new subject who is immediately figural), then her identity is reconstituted socially in the mold of “mother”. The woman finds herself as a new kind of social object and her body is the unavoidable sign of it. As a bearer of new life, she becomes public property. (p.172)

Consistent with ideas of biographical disruption, she comments that pregnancy:

introduces a break in the continuity of the self....Similar to illness, pregnancy forces the recognition of loss of agency. Control is decentered, the self watches helplessly from the sidelines as wild cell growth announces its intention. (p.170)

Similarly NVP can on the one hand represent positive confirmation of a new life stage. However, it also manifests the woman’s loss of control, and when it goes beyond what is expected as ‘normal’ can indeed become disruptive. Schneider (2002) uses categories of ‘dis-ease’ and ambivalence to help analyse some aspects of women’s response to early pregnancy. She notes that women expected NVP – two women in her study ‘felt like frauds because they had not experienced nausea or vomiting’ (p.243). But many were disturbed by feeling out of control of their physical symptoms at what should be a time of joy and well-being. Ambivalence was especially marked where ‘expectations were not congruent with reality’ (p.241).

Haynes (2006) explores the intrusion of the body into professional women’s working lives. She notes that in pregnancy the body, including the vomiting body, is brought to the forefront of women’s lived experience. NVP causes estrangement from ‘the norms of professional embodiment’

and represents ‘an unwelcome intrusion of the fertile body into the [predominantly male] professional environment’ (p.32).

NVP is transient and time-limited, clearly not a chronic illness. Nonetheless, there are parallels with many of the effects Bury (1982) and Charmaz (1983) describe, including disruption to the structures and behaviours of everyday life; a shift in self-perception from normality to abnormality; an unusual focus on the body; difficulties in gaining professional recognition and legitimization of symptoms; social isolation; problems maintaining a work identity or fulfilling other expected tasks such as caring; a sense of unfairness; and the active pursuit of strategies to adapt to life in these new circumstances, seeking to re-establish a sense of normality.

This has striking similarities with many aspects of women’s accounts of NVP, and suggests that the notion of biographical disruption may be extended to transient as well as chronic conditions, particularly in the context of pregnancy where identity is already in a state of uncertainty and redefinition.

Implications for practice

In practical terms, limited options remain for treating all but the most severe NVP. However, our findings suggest many women would benefit from greater acknowledgement of their symptoms and distress, information about remedies and strategies other women have found helpful, and reassurance that their baby’s health is unlikely to be affected. Practitioners who downplay the impact of NVP on the women experiencing may be underestimating the impact on the individual and the misery caused.

A particular problem is that sickness typically occurs early in pregnancy, usually before the woman is in routine contact with midwives. Women who are told the next stage in their maternity care is to come back sometime later for their formal booking visit with the midwife may feel discouraged from seeking help in the interim. Their own perception that this is supposed to be normal creates a further obstacle to coming forward. If they do, it may be in the context of a brief GP consultation in a busy surgery, with limited scope for exploring their anxiety and distress. In this context, the idea that requests for help are unwarranted may be further reinforced by professionals in a misplaced attempt to provide reassurance that it is normal and to be expected.

Some women may feel they *ought* not to feel so bad in pregnancy, and are failing in their new identity as mother-to-be; simple empathy and permission to feel dreadful for however long it takes

could help restore their sense of self.

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