

Nausea, Vomiting, Vertigo and Related Problems while Breastfeeding

This factsheet is intended to provide access to relevant evidence-based information. The national guidelines, research, data, pharmacokinetic properties and links shared are taken from various reference sources, they were checked at the time of publication for appropriateness and were in date. These are provided where we believe the information may be useful but we do not take any responsibility for their content. The factsheet is provided to empower users to make an informed decision about their treatment; but it does not constitute medical advice and cannot replace medical assessment, diagnosis, treatment or follow up from appropriately trained healthcare professionals with relevant competence.

The Breastfeeding Network factsheets will be reviewed on an ongoing basis, usually within three years or sooner where major clinical updates or evidence are published. No responsibility can be taken by the Breastfeeding Network or contributing authors for the way in which the information is used.

If you have any questions about this information, you can contact the Drugs in Breastmilk team through their [Facebook page](#) or on druginformation@breastfeedingnetwork.org.uk.

You can usually continue to breastfeed if you are taking a short course of anti-sickness medication.

You can use self-help (non-drug) measures whilst breastfeeding.

If you have a sickness bug, you can continue to breastfeed as normal. Continued breastfeeding may protect your child against catching the bug.

Nausea and vomiting, dizziness or vertigo symptoms have different causes, including:

- pregnancy (see our [Nausea and Vomiting in pregnancy while breastfeeding](#) factsheet)
- [migraine](#) (also see our [Migraines and Breastfeeding](#) factsheet)
- medicines (for example, pain relief or medicines used during or after [surgery](#) may cause nausea)
- [food poisoning or sickness bugs including norovirus](#)
- [travel sickness](#)
- [vertigo and inner ear problems](#) such as:
 - infections, labyrinthitis
 - balance disturbances
 - [Ménière's disease](#)
 - other conditions that have dizziness, nausea or vomiting as a side effect

It can be difficult experiencing nausea, vomiting or dizziness, especially while caring for your baby. Your doctor or pharmacist will consider various factors when deciding with you which medicines you can use whilst breastfeeding.

These may include:

- **Why you have symptoms?**
- **Will you need a short course, or do you expect to need treatment for longer than a couple of days?**
- **How old is your child?**
- ◆ **Newborn-** babies in the first 4 weeks and premature infants are most sensitive to side effects. Your milk supply is also establishing in the first 6 weeks. Short courses of medication will be preferred. One-off doses for surgery are likely to be compatible with breastfeeding (see individual drug entries below.)

To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package.

- ! **Exclusively breastfed under 6 months or under 1 year-**
 - Milk remains the main source of energy and nutrition for children under one year of age.
 - Babies who are otherwise healthy are less likely to experience side effects during short courses of medication.
 - If you are feeding a child under one year of age during treatment for nausea, vomiting or dizziness, you will need to monitor your child for effective feeding, ensuring they are waking for feeds, having their usual, expected wet and dirty nappies and gaining weight as expected. You can follow the monitoring suggestions under [individual medicines](#) below.
 - If you need breastfeeding support, please contact the [National Breastfeeding Helpline](#).
- ✓ **Over a year old? Two years old or beyond?** Children over one year and beyond are less likely to experience side effects. The amount of medicine they will receive through milk will be very small.
- **Night feeds-** certain medicines may make you drowsy. If this happens you may need a partner/ helper to support you to hold your child safely (and stay awake) during feeding, and to put your child safely back to sleep after night feeds.
- **Do you bedshare?** Some treatments may make you drowsy which can affect bedsharing safety. See [BASIS – Baby Sleep Information Source](#) for information on safe bed sharing.

Ménière's Disease

Ménière's disease is a rare inner ear condition that can affect your balance and hearing. It cannot be cured, but treatment can help the symptoms which can come and go. Symptoms vary by person, but you can find out more on the NHS page on [Ménière's disease](#).

Treatment options

- Cinnarizine tablets (Stugeron 15[®], own brand) see [cinnarizine](#) for more information.
- ? Betahistine tablets (Serc[®], own brand) see [betahistine](#) for more information.

Migraine

Migraine may be associated with nausea and or vomiting. For more information on migraine see the [Migraine - NHS](#) webpage. For more information on treatment of migraine while breastfeeding, see our [Migraines and Breastfeeding](#) factsheet.

- **Prochlorperazine (Buccastem[®])** can be used for nausea and vomiting associated with migraine, see [prochlorperazine](#) for more information.

Warning:

- X **Migravele[®] tablets** contain [codeine](#) and paracetamol in both the pink and yellow tablets.
- Migravele[®] is **NOT** suitable to take while breastfeeding due to the codeine content.
- For more information on why codeine should be avoided while breastfeeding, see our factsheet [Codeine and Breastfeeding](#).

Surgery and Procedures

If you have surgery requiring a general anaesthetic, or a caesarean section, you may be given an antiemetic (anti-sickness medication) at the same time.

These one-off doses or short courses of antiemetics are compatible with breastfeeding and you may continue to feed as usual as soon as you are awake and feel able. You will need some help to look after your baby for at least 24 hours while your sedation or anaesthetic wears off. For more information on anaesthetics, see our [Anaesthetics and Breastfeeding](#) factsheet.

See below for more information on [anti-sickness medication](#) you may receive during these procedures.

Travel Sickness

See our factsheet on [Anxiety and Breastfeeding](#) for information on fear of flying.

There are several treatment options available to buy over the counter from a pharmacy for travel sickness. There are also several self-help measures you can use. Even if you have tried some before, it may be worth experimenting again as different combinations can be successful. For more information on self-help measures, see the [NHS Motion sickness](#) page.

You may not need medication if you use self-help measures and avoid heavy meals before travelling. If you need to avoid drowsiness because of driving, caring for or bed-sharing with your baby, this will also affect your choice of medication.

- ✓ **Acupressure (bands or bracelets)**- Acupressure bands are stretchy bands worn around your wrists. They apply pressure to a particular point on the inside of your wrist between the two tendons on your inner arm. Although acupressure bands don't cause any adverse side effects, there's little scientific evidence to show they're an effective treatment for motion sickness. They can be used while breastfeeding.

If self-help measures alone are not enough, there are some options you can take while breastfeeding:

- **Hyoscine (Kwells[®], Joy Rides[®], Scopoderm[®] 1.5mg Patch and own brand).** See [hyoscine](#) for more information.
- **Promethazine (Avomine[®], Phenergan[®], own brand).** See [promethazine](#) for more information.
- **Cinnarizine (Stugeron 15[®], own brand).** See [cinnarizine](#) for more information.

Vomiting Bugs, Gastroenteritis and Norovirus

Vomiting bugs can come on incredibly quickly and make their way around the house at pace. Hand hygiene, cleaning all surfaces regularly and keeping towels separate are very important to reduce the spread.

You can continue to breastfeed as usual while you're unwell.

Maintain good hand washing and try to stay well hydrated.

The first sign of a stomach bug/ infection is usually a sudden feeling of nausea followed by forceful vomiting and watery diarrhoea, though it is possible to have either vomiting or diarrhoea alone. You may also have a raised temperature (over 38°C), headache and feel generally achy. Most people make a full recovery within a couple of days, but it is very unpleasant whilst it lasts.

Warning! **Think Sepsis!**

If you develop nausea and vomiting after being unwell with a virus or infection, contact 111.

If you:

- ! Vomit blood or your vomit looks like ground coffee
- ! Have a stiff neck or are sensitive to the light
- ! Have sudden, severe headache or stomach pain

Call 999 or go to A&E.

For more information on sepsis see the NHS page [Symptoms of sepsis](#).

Management of a stomach bug

Treatment usually involves drinking regular fluids to avoid dehydration, and rest. You will usually start to feel better in 2-3 days.

- ✓ Drink plenty of water or suitable rehydration sachet drinks to avoid dehydration – you may only be able to manage a sip at a time whilst the vomiting phase lasts. For more information on dehydration, see the [Dehydration - NHS](#) page.
- ✓ Manage your symptoms with medications (below) if needed.
- ✓ Telephone your GP to seek advice if your symptoms last longer than a few days or if you already have a serious illness or a long-term condition.
- ✓ Observe "[Sick Day Rules](#)" if you are on medication which should be stopped temporarily if you have sickness or diarrhoea or are at risk of dehydration (to protect your kidneys). You will have information on what to do if this applies to you. Contact your pharmacist or GP if you are not sure.
- ✓ Be aware that vomiting and/ or diarrhoea can reduce the effectiveness of regular medication including the oral contraceptive pill. If you're unsure, you can speak to your pharmacist for more information and read the patient information leaflet for your medication.

If you feel able, you can continue to breastfeed your baby as usual. This may pass on antibodies and protect them from developing symptoms (which are less common in exclusively breastfed babies). You may need another adult to care for your baby between feeds if you are too unwell yourself. Even if you have not eaten for several days, you will still make milk for your baby, although your breasts may feel softer so you may notice your baby asking to feed more often. Your milk supply will increase again as soon as you start to feel better.

Medication during a stomach bug

Usually, you will only need to avoid dehydration by drinking regular fluids. However, if you do need additional treatment, you can continue to breastfeed as normal whilst taking the following medications:

- ✓ **Rehydration sachets (Dioralyte®, own brand)**- to prevent and treat dehydration.
 - You can breastfeed as usual if you take rehydration sachets.
- ✓ **Paracetamol** to reduce your temperature and relieve aches and pains.
 - See our [factsheet on pain relief](#).
 - You can breastfeed as usual if you take paracetamol.
 - For more information, see the NHS page [Pregnancy, breastfeeding and fertility while taking paracetamol for adults](#)
- ✓ **Loperamide (Imodium®, own brand)**- reduces the symptoms of diarrhoea.
 - This is not usually necessary, unless you really need to stop the diarrhoea for a couple of hours.
 - You can breastfeed as usual if you take loperamide.
 - For more information, see the NHS page [Pregnancy, breastfeeding and fertility while taking loperamide](#)

If you need further treatment, your pharmacist or doctor will help you decide on suitable options. See [prochlorperazine](#) for more information.

If you are suffering from bacterial [gastroenteritis](#), or [traveller's diarrhoea](#) you may be prescribed antibiotics. For information on antibiotics, see our factsheet [Antibiotics and Breastfeeding](#).

Preventing the spread of the virus/ bug.

- ✓ Wash your hands frequently and thoroughly with **soap and hot water**, particularly after using the toilet and before preparing food. Liquid soap is less likely to spread the virus than a bar of soap.
- ✓ Alcohol hand gels **are not** effective against norovirus.
- ✓ Do not share towels and flannels.
- ✓ Disinfect any surfaces or objects that could be contaminated with the virus. It is best to use a bleach-based household cleaner.
- ✓ Wash any clothing or bedding that could have become contaminated. Wash the items separately and on a hot wash to ensure that the virus is killed.
- ✓ Stay at home whilst you have symptoms and for 48 hours after your last symptoms because norovirus is contagious.

For more information on treating vomiting bugs, see the [Norovirus \(vomiting bug\) - NHS](#) page.

Vertigo, Inner Ear Problems, Labyrinthitis and Balance Disturbances.

Symptoms of dizziness, vertigo and loss of usual balance can be incredibly upsetting. Depending on the cause, medication may not be recommended so your balance system can get back to usual, or only a short course of medication for the beginning of your illness when symptoms are at their worst.

It may help to have someone with you to help care for your baby between feeds if you are too dizzy to care for them alone. For more information on vertigo, see the [Vertigo - NHS](#) page.

If you are also experiencing any:

- ! Severe headache
- ! Changes to your eyesight or hearing
- ! Difficulty in speaking
- ! Weakness in your arms or legs, or change of sensation

Call 999 or go straight to A&E

When you do need medication, there is usually a suitable option while breastfeeding.

If you have an infection that is causing your symptoms, your doctor can decide with you what the right treatment is for you. See our [antibiotics and breastfeeding factsheet](#) for more information.

You may be advised to do certain manoeuvres or exercises to help with your symptoms, including balance rehabilitation. These will not affect breastfeeding.

Usually, antihistamine medicines like those discussed for [travel sickness](#) are used to help with vertigo. These are generally used short term (usually up to 3 days, sometimes up to 7 days) when your vertigo first starts. They calm down your balance centre, however, taking them for longer can delay your recovery. Discuss this with your doctor if you are unsure.

Antisickness medicines for vertigo, inner ear problems, labyrinthitis and balance disturbances include:

- Prochlorperazine (Buccastem® buccal tablets, Stemetil® tablets, own brand. See [prochlorperazine](#) for more information.
- Cinnarizine tablets (Stugeron 15®, own brand. See [cinnarizine](#) for more information.
- Cyclizine tablets. See [cyclizine](#) for more information.

Antisickness Medication (antiemetics)

Short courses of antiemetics are usually compatible with breastfeeding. See below for detailed information on individual antiemetics:

- ? **Betahistine (Serc®, own brand)** is an antivertigo drug.
 - Betahistine may be prescribed to reduce the frequency and severity of attacks of hearing loss, tinnitus, and vertigo.
 - There is no information available on betahistine use while breastfeeding, so it will not usually be prescribed for you while you are breastfeeding unless essential.
 - Betahistine is absorbed quickly. Usually, the maximum concentration in your system is reached within an hour of taking a dose. It distributes through the body well, so blood plasma levels are low.
 - It isn't held onto by plasma proteins in your blood, so any drug that is in your blood plasma can enter your milk easily (about 5% is bound to plasma proteins). However, as plasma levels are low, the amount in your milk is also likely to be low. [E-Lactancia](#) explains this in more detail.
 - Betahistine doesn't last in the body very long, which is why it is taken 3 times a day. It is not expected to accumulate in your system to cause side effects over time.
 - If you are feeding an older child over one year of age, side effects are unlikely.
- ! Take caution if you are feeding a younger baby, or if your baby is exclusively breastfeeding and milk is their sole or main source of nutrition and energy.
 - Your healthcare professional will need to discuss the risks and benefits of choosing betahistine with you to make a shared decision on whether to use this, or another medication which has experience and evidence of use during breastfeeding.
 - If you need betahistine, it is not a reason to stop breastfeeding.
 - Monitor your baby for drowsiness, poor feeding, upset tummy, adequate weight gain or new symptoms you may be concerned about. If you suspect side effects, your child's doctor should review them and exclude other causes of their symptoms before associating betahistine as the cause.
 - For more information, see the NHS page on [Pregnancy, breastfeeding and fertility while taking betahistine](#).
- ✓ **Cinnarizine (Stugeron 15®, own brand)** is an antihistamine, used to treat travel sickness, vertigo, tinnitus and Ménière's disease.
 - Cinnarizine works by blocking the chemical messenger histamine in the vomiting centre in your brain that can make you feel sick.
 - It is generally less sedating than other anti-sickness medicines but if you are drowsy after taking cinnarizine, do not drive and consider [safe sleep](#) if bed sharing.
 - A short course is not expected to cause side effects in your child.
 - Monitor your child for drowsiness, irritability, dry mouth and poor feeding as a precaution.
 - For more information, see the NHS page on [Pregnancy, breastfeeding and fertility while taking cinnarizine](#).
- ✓ **Cyclizine (own brand)** is an antihistamine, used to treat pregnancy sickness, vertigo and travel sickness.
 - Cyclizine works by blocking the chemical messenger histamine in the vomiting centre in your brain that can make you feel sick.
 - There are currently no published studies or research evidence available for the use of cyclizine during breastfeeding. Studies of other antihistamine medications suggest low amounts of cyclizine are likely to be present in milk.
 - At usual doses, short courses of cyclizine are not expected to impact your milk supply or cause side effects in your child.
 - Cyclizine can make you drowsy (See [safe sleep](#) information).
 - Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies and expected weight gain.

- Longer courses of cyclizine can be used with caution, monitoring your child more closely for drowsiness.
 - For more information, see the NHS page [Pregnancy, breastfeeding and fertility while taking cyclizine](#)
- ✓ **Domperidone (own brand)** is used for nausea and vomiting.
- Domperidone works by tightening the muscles at the top of your stomach and relaxing the muscles at the bottom of your stomach to encourage your stomach to empty its contents in the right direction faster, making you less likely to be sick. It also blocks the chemical messenger dopamine in the brain, stopping nausea messages from being sent to the vomiting centre.
 - A safety alert was published in 2014, highlighting a small increased risk of cardiac side effects in specific populations. This has led to it being used less frequently. Guidance limits treatment with domperidone to “not usually longer than 7 days for all patients”. There are additional cautions if you have increased cardiac risks, or if you already take medication which affects your heart.
 - Domperidone must not be used above the approved dose of up to a maximum of one 10mg tablet three times daily (or less as directed by your healthcare professional). Doses above this significantly increase the risk of severe side effects in the person taking it, as well as increasing the risk of heart effects and increasing the risk of unpleasant withdrawal symptoms.
 - If you have taken domperidone for a prolonged period, when you need to stop you should be advised to slowly reduce your dose over a period of weeks, to avoid possible withdrawal symptoms such as insomnia, anxiety, depression, psychosis and tachycardia. These side effects can be difficult to manage. They need careful management by your healthcare professional. It is important to discuss how to stop taking domperidone with your healthcare professional.
 - Domperidone has also been used to increase milk supply when prescribed by a specialist. If you are being treated with domperidone for nausea and sickness, you may experience an unexpected increase in your milk supply.
 - Domperidone may make you drowsy. If you are drowsy after taking domperidone, do not drive and consider bed-sharing safety (See [safe sleep](#) information).
 - No serious side-effects have been reported in children exposed to domperidone via breast milk.
 - Short courses are preferred over long courses due to the safety recommendations.
 - Monitor your child for diarrhoea, or signs of a dry mouth which may cause difficulty feeding.
 - For further information, see the NHS page on [Pregnancy, breastfeeding and fertility while taking domperidone](#).
- ✓ **Hyoscine (Scopoderm® 1.5mg Patch and own brand)** is an anti-sickness medicine used for travel sickness, and nausea.
- Hyoscine works by blocking the chemical messenger acetylcholine in the brain and inner ear to control vomiting and dizziness. It also relaxes the muscles in the stomach to reduce cramping.
 - Hyoscine is less likely to cause drowsiness than some other anti-sickness medicines but may make you feel thirsty and give you a dry mouth.
 - If you take hyoscine short term for travel sickness or surgery, your baby is unlikely to experience side effects.
 - If you are on a long trip and taking hyoscine more regularly, monitor your baby for sleepiness, and fewer wet and dirty nappies than usual.
 - For more information, see the NHS page [Pregnancy, breastfeeding and fertility while taking hyoscine](#)
- ✓ **Metoclopramide (Maxolon®, own brand)** is used for nausea and vomiting.
- Metoclopramide works by tightening the muscles at the top of your stomach and relaxing the muscles at the bottom of your stomach to encourage your stomach to empty its contents in the right direction faster, making you less likely to be sick. It also blocks the chemical messenger dopamine in the brain stopping nausea messages from being sent to the vomiting centre.
 - Metoclopramide can be taken short-term while breastfeeding.
 - No concerns have been reported in breastfed babies.
 - Caution should be taken if you have experienced depression. Mental health side effects, including low mood, may be experienced more commonly when taking metoclopramide.
 - In 2014, an MHRA safety alert was published, warning of the risk of the side effects of metoclopramide, restricting use to 5 days with a maximum dose of 10mg up to three times a day.

- Metoclopramide may also make your QT interval longer (meaning your heart muscle takes longer to recharge after a beat). This may be particularly important if you receive this medicine by injection, or if you also take other medicines that can affect your QT interval.
- Metoclopramide may make you drowsy. If you are drowsy after taking metoclopramide, do not drive and consider bed-sharing safety (see [safe sleep](#) information).
- Other medications may be preferred.
- Monitor your child for drowsiness, upset tummy including wind or diarrhoea, and tremors or jerky movements.
- Metoclopramide may cause your milk supply to increase unexpectedly.
- For more information, see the NHS page [Pregnancy, breastfeeding and fertility while taking metoclopramide](#)
- ✓ **Ondansetron (own brand) oral tablets, intravenous injection or rectal suppository.** It is a strong anti-emetic used in severe pregnancy sickness, surgery and chemotherapy treatment.
 - Ondansetron works by stopping the chemical messenger serotonin from binding to receptors in the brain that cause the feeling of nausea and vomiting.
 - Ondansetron can be used while breastfeeding.
 - There is currently no published evidence of use during breastfeeding but its properties make it unlikely that it will pass into milk in high amounts.
 - Monitor your child for drowsiness, irritability, poor feeding, diarrhoea or constipation and fewer wet nappies.
 - Ondansetron can cause severe constipation, so you may need to take laxatives. For more information, please see our factsheet on [Constipation Treatment and Breastfeeding](#).
- ✓ **Promethazine (Phenergan®, own brand)** is a sedating antihistamine. It is used for travel sickness, and less commonly, vertigo, short-term insomnia, hayfever and hives.
 - Promethazine works by blocking the chemical messenger histamine in the vomiting centre in your brain that can make you feel sick.
 - Promethazine may be used with caution while breastfeeding.
 - Promethazine can make you drowsy.
 - If you are drowsy after taking promethazine, do not drive and consider bed-sharing safety (see [safe sleep](#) information).
 - Short term use is unlikely to affect your baby, but they should be monitored for drowsiness, irritability and poor feeding.
 - Short term use is unlikely to affect your supply. Caution should be taken if your baby is under 6 weeks, or if you are taking higher doses for more than a couple of days.
 - Repeated doses are more likely to cause side effects in your child, particularly if they are under 6 weeks of age, or exclusively breastfeeding. Long courses are more likely to cause sedation in your child and may affect your milk supply.
 - Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies, weight gain, irritability and jerky movements or tremors.
 - For more information, see the NHS page on [Promethazine](#)
- ✓ **Prochlorperazine (Stemetil®, Buccastem®, own brand)**- prochlorperazine is used to treat nausea, vomiting and dizziness associated with some ear problems.
 - Some people are prescribed a short course of prochlorperazine for vertigo when symptoms are at their worst.
 - Buccastem® is available over the counter for the treatment of nausea and vomiting associated with migraine.
 - Rarely, some people are prescribed prochlorperazine to relieve nausea and vomiting caused by a stomach bug. This is not usually needed unless symptoms are severe.
 - Prochlorperazine works by blocking the action of the chemical messenger dopamine in the brain. This stops nausea messages being sent to the vomiting centre in your brain.
 - One-off doses are unlikely to cause side effects in your baby.
 - Only small amounts of prochlorperazine are likely to be passed into breastmilk, however there are no published studies or research evidence available on its use while breastfeeding.
 - Prochlorperazine may make you drowsy (See [safe sleep](#) information).
 - Short courses may be used with caution.

- Monitor your child for drowsiness, poor feeding, waking for feeds, fewer wet nappies, expected weight gain, irritability and jerky movements or tremors.
- For more information, see the NHS page [Pregnancy, breastfeeding and fertility while taking prochlorperazine](#)

Related fact sheets

[Anxiety and Breastfeeding](#)

[Antibiotics and Breastfeeding](#)

[Anaesthetics and Breastfeeding](#)

[Pain Relief \(Analgesics\) and Breastfeeding](#)

[Codeine and Breastfeeding](#)

[Diarrhoea \(Acute\) and Breastfeeding](#)

[Constipation Treatment and Breastfeeding](#)

[Indigestion and Breastfeeding](#)

[Migraines and Breastfeeding](#)

[Anticoagulants and Breastfeeding](#)

[Prednisolone and Breastfeeding](#)

[Pregnancy sickness and Breastfeeding](#)

[Patient information leaflets – what do they mean?](#)

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- [Advising on medicines during breastfeeding – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- NHS medicines website: <https://www.nhs.uk/medicines/>
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