

Hyperemesis Gravidarum



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What is Hyperemesis Gravidarum?

Nausea and vomiting are common symptoms of pregnancy. Hyperemesis gravidarum is a severe form of nausea and vomiting, occurring between the 4th - 20th weeks of pregnancy. It affects approximately one in every two hundred women.

The actual cause remains unknown. The most accepted cause involves fluctuating hormone levels, which are at their highest during the 12th - 16th weeks of pregnancy.

It is important to know that nausea and vomiting in pregnancy are not usually associated with poor pregnancy outcomes. However, severe symptoms can be distressing and interfere with day to day life.

What are the common physical symptoms?

- Persistent nausea and vomiting
- Retching of stomach acid and / or heartburn
- Hunger
- Alterations in taste (sometimes metallic taste)
- Tiredness and weakness
- Dry mouth and skin
- Passing urine less frequently
- Flu like symptoms including - dizziness, light-headedness, headaches
- Tremors (Shakiness)
- The feeling of helplessness
- Weight loss - (over 3kg (1/2 stone) or 5% of pre-pregnancy weight)

What happens when I am admitted to hospital?

The Doctor will take a medical history, and talk to you about how you are at the moment.

You will have a scan arranged if you have not already had one performed in this pregnancy.

A plastic tube will be put into a vein in your hand / arm, to enable us to give you fluid intravenously (if you are not managing to drink). A blood test will be sent to measure different salt levels in your blood, which can become low after frequent vomiting.

You will have regular blood pressure, breathing, temperature, oxygen level and pulse checks. We may also need to weigh you regularly. We need to monitor how much you are drinking as well.

We will also need to monitor you when you pass urine (have a wee) and test the urine to see if you are drinking well enough, or if you need more fluids given intravenously.

Anti-sickness drugs will be given as you need them. You will be given vitamin and folic acid tablets whilst in hospital. You can eat and drink as you feel able.

As dehydration in pregnancy can increase the risk of blood clots, you will be given stockings to wear to help prevent this, and sometimes women are also given blood thinning injections whilst in hospital.

How can I deal with hyperemesis at home?

Before you are discharged from hospital the ward staff will check that your blood pressure, blood and urine tests are satisfactory.

You may still feel nauseated, but you should be eating, drinking, passing clear amounts of urine regularly and controlling your nausea with anti-sickness tablets.

What other medication may I be given?

You may be given other medication whilst you are in hospital, these may include:

- Thiamine - this may be given if you have a deficiency due to prolonged periods of vomiting
- Ranitidine (anti acid) - this may be given to relieve heartburn or acid reflux
- Steroid treatment - occasionally given if the anti-sickness treatment is not effective

What Anti-sickness Medication will I be given?

On discharge from the ward you will be given a course of anti-sickness medication to take at home. Prochlorperazine (Stemetil), Cyclizine (Valoid), and Metoclopramide (Maxalon) are the most common anti-sickness drugs used in pregnancy.

Many women feel anxious about taking medication when pregnant, but the drugs used are considered to be safe for pregnancy. It is important that you discuss any concerns with the doctor or nurse before you are discharged.

When should I take the medication?

The anti-sickness medication you are given will come in tablet form. Take them 'as directed' as this will help to prevent the vomiting and nausea from getting worse.

How do I know when to seek help?

If the nausea and vomiting has not improved or has worsened, you may need to contact your G.P or the ward for advice.

Helpful information includes:

- How often are you vomiting?
- How often are you passing urine?
- How much are you eating and drinking?
- How unwell are you feeling?

Questions	1	2	3	4	5
1. In the last 12 hours for how long have you felt nauseated or sick to your stomach?	Not at all	1 hour or less	2-3 hours	4-6 hours	More than 6 hours
2. In the last 12 hours how many times have you vomited or thrown up?	I did not throw up	1-2 times	3-4 times	5-6 times	7 or more times
3. In the last 12 hours how many times have you had retching or dry heaves without bringing anything up?	No time	1-2 times	3-4 times	5-6 times	7 or more times

What should I eat and drink?

- Try to eat something before getting out of bed
- Eat little and often: regular small snacks
- Avoid smells: cold foods seem to be better tolerated: e.g., sandwiches
- Try bland tasting foods e.g. cold pasta

- Try regular starchy/sugary foods e.g. biscuits and toast
- Salty foods are usually better tolerated e.g. crisps
- Tart/fresh foods and drinks seem to be easier to take: fresh fruit and fruit juices like banana
- Sip at drinks regularly through the day: try adding ice to make them better tolerated

What else may affect my condition?

Hyperemesis gravidarum can make you feel physically and emotionally unwell, and make it difficult to carry on with your normal life. Support from family, friends and health professionals is extremely important.

It is important that you are aware of the triggers that may increase nausea and vomiting.

Some common triggers are:

- Odours - such as foods, perfumes or outdoor smells
- Noises - such as music or alarms
- Lights - such as flashing lights, different coloured/ bright lights
- Movements - such as travelling on a bus or a train.

Also slowing movements down may help especially when getting out of bed.

What other treatments are available?

There are therapies and treatments that have been found to be useful in helping to control nausea and vomiting.

These therapies are often complementary and include:

- Multivitamin supplements
- Relaxation techniques

- Aromatherapy oils
- Herbal medicines
- Acupressure (including P6 wrist bands often known as sea sickness bands)
- Acupuncture
- Reflexology
- Homeopathic remedies
- Osteopathy
- Alexander technique

If you are interested in any of the above treatments seek advice from a trained practitioner or ask your G.P for registered practitioners.

References and Sources of Further Information

British National Formulary, 73. March 2017

Dodds L, Fell D.B, Joseph K.S, Allen V.M and Butler B (2006)

Outcomes of Pregnancies Complicated by Hyperemesis Gravidarum. American College of Obstetricians and Gynecologists, 107 (2 pt 1) 285-292

NICE guidelines (2010) CG62 Antenatal Care (Routine care for Healthy Pregnant Women. Section 6 - Management of common symptoms of pregnancy

Sheehan P (2007) Hyperemesis gravidarum - assessment and management. Australian Family Physician, 36 (9) 698-701

<https://patient.info/health/morning-sickness-in-pregnancy> [Last accessed April 2017]

www.medicines.org.uk [Last accessed April 2017]

www.pregnancysicknesssupport.org.uk [Last accessed April 2017]

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