

Hyperemesis Gravidarum (Severe nausea and vomiting in pregnancy)

Gynaecology

Introduction

This leaflet aims to give you some general information about hyperemesis gravidarum (excessive nausea and vomiting in pregnancy). It is designed to help you and your family to understand and cope better with the condition, and answer any questions you may have.

Nausea and vomiting is a common normal symptom of pregnancy and affects most women to some degree. It begins early in pregnancy, most commonly between the 4th and 7th week and usually settles by 12-14 weeks although, in some women, it may last longer. It is often called 'morning sickness' but can actually occur at any time of day and night.

What is hyperemesis gravidarum?

Hyperemesis gravidarum is when the nausea and vomiting becomes so severe it leads to dehydration and weight loss. It affects 1 in 100 women. Women with hyperemesis have no relief from feeling nauseous and vomit many times each day. They sometimes need to be admitted to hospital. In severe cases vomiting can last up to 18-20 weeks. Occasionally, it may continue throughout the whole pregnancy.

What are the causes?

The cause is unknown. There may be links to the normal hormonal changes in pregnancy and changes in thyroid hormone levels. Emotional factors and a family history may also have a role in the development of hyperemesis gravidarum. Twin pregnancies also increase the chance of hyperemesis gravidarum. An abnormal form of pregnancy, called 'molar pregnancy', is also associated with excessive sickness. Further information is available for this condition should it be diagnosed.

What are the risks to the baby?

The physical effort of retching and being sick does not harm your baby, however if the sickness goes on continually for a long time, and is severe, the baby may not gain as much weight as normal.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What are the risks to you?

Women who become severely unwell as a result of hyperemesis gravidarum are at risk of the following:

- Dehydration, malnutrition and weight loss
- Vitamin deficiencies (particularly Vitamin B) and this can, very occasionally, cause a problem of the brain called Wernicke's Encephalopathy if the vitamins are not replaced
- Severe dehydration can put women at risk of deep vein thrombosis (clot in the leg) and pulmonary embolism (clot in the lung)
- Low levels of electrolytes can affect heart rhythm and cause generalised weakness
- Severe vomiting can sometimes cause small tears in the gullet
- Psychological problems can occur as a result of having to cope with constant nausea.

When should you seek medical help?

If you find it very difficult to eat and/or drink or persistently vomit after eating or drinking you should seek medical help. Your first contact should always be your GP, who would then refer you on to hospital if necessary. Women should seek medical help urgently if they develop weight loss, muscle wasting, dizziness and/or fainting, and palpitations (fast heart beat).

What happens when you come to hospital?

You will have an initial assessment by a nurse or doctor at the Early Pregnancy Assessment Unit (EPAU). If we find that you are dehydrated we will insert a fine cannula into a vein in your hand or arm and take bloods. If the test results are normal and you are well enough, you will be given advice and anti-sickness medicines and allowed home. An ultrasound scan may be arranged if you have not had a scan already to see if you have a twin pregnancy or a molar pregnancy (this is an unsuccessful pregnancy, where the placenta and foetus do not form properly and a baby does not develop) both of which may lead to increased vomiting. This may not be on the day you come into hospital.

Day case treatment of hyperemesis gravidarum

We treat most women in our early pregnancy clinic in the gynaecology outpatients department. You will receive fluids into a vein via a fine cannula in your hand or arm and medicines that will reduce your vomiting. This will continue for at least 3 hours. The nurses will monitor you and when you are feeling better and able to tolerate some fluids and food the cannula will be removed and you will be able to go home. You will be given medication to reduce your sickness to take home with you.

If you are able to go home after day care but continue to have nausea and vomiting the following day we will see you again at the EPAU and the treatment may need to be repeated.

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

In-patient treatment of hyperemesis gravidarum

If you have abnormal test results or are very dehydrated or do not respond to outpatient treatment you will be admitted to a ward to continue the fluids and medicines overnight. Your temperature, blood pressure, pulse, fluid intake and how much urine you are passing will be recorded daily.

If you are admitted to the hospital as an inpatient you will also receive blood thinning injections once daily. Pregnant women are at increased risk of developing clots in their legs, called a deep vein thrombosis (DVT). Being dehydrated and not being mobile increases this risk further. Blood thinning injections reduce this risk. You will be advised to continue these until you leave hospital.

Why do we test the urine of patients with severe nausea and vomiting every day?

Urine is tested for the presence of ketones. When we are eating and drinking normally the body processes the food that we eat and turns it into sugar. In women with hyperemesis gravidarum who cannot take in food normally the body has to look for alternative supplies of sugar.

Ketones are a waste product of this process.

The presence of ketones in the urine in early pregnancy gives us an indication of the severity of dehydration in patients with hyperemesis gravidarum.

Is it safe to use anti-sickness medication in pregnancy?

Due to complex regulations, most medications are not licensed for use in pregnancy. This is mainly due to a lack of clinical trials of pregnant women. Prescribing of medications in pregnancy always follows a careful assessment, which weighs the risks against the benefits. Medication with the best safety and effectiveness record over time is usually chosen as first line treatment. The benefits of treating hyperemesis outweigh the potential risks of treatment. Anti-sickness medications can be given in the following ways:

- By mouth
- An injection into your leg
- Directly into a vein through a drip
- A suppository into your bottom.

When you are feeling better you can try fluids gradually. When you are able to drink normally you can try a light diet. When you are eating and drinking normally and no longer dehydrated you should be able to go home.

What can you do to help relieve your nausea in hospital and at home?

Women with hyperemesis gravidarum may be able to help themselves by altering certain lifestyle, eating and drinking habits. The following is a list of measures that have been shown to be helpful:

- Drinking is the most important thing. Drink little and often rather than in large amounts; avoid milky drinks, fizzy and caffeinated drinks (including tea and coffee)
- Take smaller meals at more frequent intervals. Keep eating even in small bite-sizes. An empty stomach makes vomiting worse by increasing heart burn
- Some people find it better to eat food and drink fluids at different times leaving a gap between eating and drinking
- Plain biscuits may be helpful to nibble on at regular intervals between meals to relieve the nausea
- Eat snacks such as toast and jam (no butter), sandwiches (low fat fillings), soups and crackers, breakfast cereals with low fat milk-these can be just as nutritious as conventional meals
- Ginger in the form of biscuits, tea, capsules or ale may be helpful
- Acupressure bands, which are special bands placed around the wrist (often used in travel sickness), have also been found to help with pregnancy-related sickness
- Have plenty of rest and keep your room well-ventilated
- Stop taking iron tablets (you can start again after the vomiting stops)
- Avoid fatty foods, spicy foods and dairy products

- Avoid long car journeys
- Avoid strong odours
- Stop smoking (and ask your partner to stop smoking around you)
- Stop the use of all non-prescription medicines (including herbal remedies).

Summary

It is important for you to understand that hyperemesis is due to your pregnancy and has not arisen because of anything you have done or failed to do. The vast majority of women who suffer from hyperemesis gravidarum go on to have healthy babies.

Family help and support is very useful at times like this and we would encourage you to share the information contained here with your partner and other family members.

Although it might not appear so to you just now, the condition does get better on its own, usually from about 14 weeks of pregnancy. Please feel free to discuss any anxieties you may have with the nurse or doctor looking after you.

Useful contact details:

1. Early Pregnancy Assessment Unit 01902 694606
(Monday to Friday 09:00 until 17:00 excluding bank holidays)
2. www.Hyperemesis.org.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。