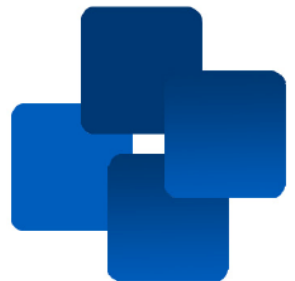


Patient Information

Hyperemesis Gravidarum

(Pregnancy Morning Sickness)

Women's Services



What is hyperemesis gravidarum?

Sickness in pregnancy (sometimes called morning sickness) is common. Around 8 out of every 10 pregnant women feel sick (nausea), are sick (vomiting) or both during pregnancy. This does not just happen in the morning.

It may start as early as the 6th week of pregnancy, persist for several weeks and usually improve by 12th to 14th week. Very rarely, it may continue throughout the pregnancy.

When the nausea and vomiting become excessive and persistent to the extent that the woman is unable to keep food or liquid down, it is then called **hyperemesis gravidarum**.

It can be a serious condition without treatment due to the lack of nutrition for the mother and the developing pregnancy.

We aim to treat you in our Day Care Hyperemesis Suite in the Woodlands Clinic unless you are too unwell to be discharged after intravenous fluids and medication are given for vomiting.

What are the causes?

Definite causes are unknown. However, there may be links to the normal hormonal changes in pregnancy and changes in thyroid hormone levels.

There is some evidence that it runs in families, so if you have a mother or sister who has had hyperemesis gravidarum in a pregnancy, you may be more likely to get it yourself.

Twin pregnancies may also increase the chance of hyperemesis gravidarum.

An abnormal form of pregnancy, called 'molar pregnancy', may also be associated with excessive sickness.

Hyperemesis gravidarum may happen again in future pregnancies, although this is not a fixed rule.

What are the signs and symptoms?

The signs and symptoms of hyperemesis gravidarum include:

- Prolonged and severe nausea and vomiting (more than three or four times a day)
- Inability to keep down food or water
- Weight loss
- Excessive tiredness and dizziness
- Passing a lower volume of urine, that's more concentrated than usual
- Experiencing headaches and, more rarely, confusion
- Dizziness and fainting
- Palpitations
- Blood is seen sometimes in the vomit
- Inability to swallow saliva
- Skin becoming pale and dry

What problems can occur as a result of severe nausea and vomiting?

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

- Vitamin deficiencies
- Malnutrition and weight loss
- Severe dehydration which can put women at an increased risk of having a blood clot (deep vein thrombosis), although this is rare
- 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 women with nausea and vomiting seek help?

Any woman who is experiencing severe symptoms of nausea and vomiting in pregnancy, and who are unable to keep down fluids, should be seen and assessed by a doctor. You can contact your GP, phone NHS 111, or attend the Emergency Department (A&E) if unwell. You may be referred to the Woodlands Clinic for treatment

What is the aim of treatment for Hyperemesis Gravidarum?

The aim is to:

- Correct dehydration
- Break the cycle of vomiting that leads to dehydration
- Stop medication, such as iron supplements that can make the sickness worse
- Ensure there is no other medical problem that could be causing the nausea and vomiting

How will the severe nausea and vomiting be treated?

Fluid replacement to correct dehydration:

- Fluids are given intravenously directly in to the circulation via a cannula (a small tube inserted into a vein). Electrolytes, such as potassium and sodium can also be replaced by this method.

Anti-sickness medication:

- There are several anti-sickness medications that can be used on their own or in combination.
- None of the anti-sickness tablets commonly used in pregnancy are known to have ill effects for the developing pregnancy.
- Initially, we may administer the anti-sickness medication by injection. Once you feel better, you can take this medication orally (by mouth). This would be prescribed to take home with you but once this medication has run out, you will need to contact your GP for a further prescription.

Vitamin therapy:

- Initially, vitamin B can be given intravenously (through a drip) but once you are feeling better, vitamin B and folic acid can be taken orally.

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, severe vomiting and dehydration mean that the body is not taking in food normally and therefore 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 women with hyperemesis gravidarum.

Other Investigations that may be carried out:

Blood tests for electrolyte imbalance and a sample of urine will be taken to rule out the possibility of urinary infection that may make the sickness worse.

If you have not had an ultrasound scan, one may be arranged to confirm that the pregnancy is normal and to ascertain the number of babies.

How will I know I am getting better?

You will know you are getting better once you are able to eat and drink, your symptoms have improved and you no longer have ketones in your urine.

Advice on discharge from hospital

You will be discharged home with oral medication to help control the nausea and vomiting. We recommend that you continue to take the medication regularly and to see your GP when the medication runs out. However, there are many things you can do to help yourself:

- Eat little and often (for example, every 2-3 hours)
- Eat dry crackers or toast
- Eat ginger biscuits
- Avoid very rich, spicy, or fatty foods
- Eat a little when you wake up, before brushing the teeth and take time to get out of bed
- Drinking lots of liquid (but avoiding alcohol and caffeine)
- Sit down after eating
- Move slowly and avoid sudden movements
- Get some fresh air and exercise daily

Alternative treatments that you can try

If you're finding it hard to cope with morning sickness, there are some other research based treatments you can try:

- Ginger is a natural remedy and one of the most widely used treatments for nausea and vomiting. It is a spicy root used to flavour food, such as gingerbread, biscuits and stir fried vegetables. It's also found in drinks, such as ginger tea, ginger ale, and ginger beer.
- Wearing an acupuncture wristband over a certain place on your forearm (called the P6 point) may help to reduce nausea and vomiting. These can be purchased at any pharmacy.

How long does sickness last?

The good news is that morning sickness usually gets better after the first 3 months of pregnancy. For some women though, it can go on longer. About 1 in 10 women still feel sick after 20 weeks of pregnancy.

What if I have any questions?

If you have any questions or concerns, please speak to a member of the nursing team.

Please use this space to write down any notes or questions you may wish to ask:

Useful contact telephone numbers

**Woodlands Clinic (Early Pregnancy Unit)
Lister Hospital**

☎ 01438 286190

- ◇ Monday to Friday, 8am - 8pm
- ◇ Saturday and Sunday, 9am - 5pm

Additional information

Pregnancy Sickness Support helpline

☎ 02476 382020

Monday to Friday, 9am - 4.30pm except bank holidays
www.pregnancysicknesssupport.org.uk

NHS Website

www.nhs.uk/conditions/pregnancy-and-baby/severe-vomiting-in-pregnancy-hyperemesis-gravidarum/