

PATIENT INFORMATION

Hyperemesis Gravidarum (Pregnancy Sickness)

Nausea and vomiting in early pregnancy is very common, affecting up to 3 in 4 women. It often begins around the sixth week of pregnancy, persists for several weeks and usually improves around the 12th to 14th week. Rarely, it may continue throughout the pregnancy. When symptoms persist to the extent that the woman is unable to keep food or liquids down, it is called 'Hyperemesis Gravidarum'. It affects approximately 1 in 200 pregnant women and occasionally, without adequate treatment, can be serious due to dehydration and lack of nutrition for mother and developing baby.

Causes

The exact cause of Hyperemesis Gravidarum is unknown. It is likely to be related to rising hormone levels that some women are more sensitive to than others. Other associations include:

- Twin Pregnancies – increases the chances of severe pregnancy sickness.
- Molar Pregnancy – This occurs rarely and is when an abnormal placenta forms. Sadly this type of pregnancy is not usually viable and will often result in miscarriage.

Signs and Symptoms

- Prolonged and severe nausea and vomiting (more than 3-4 times a day)
- Unable to keep any food or fluid down for >24 hours.

Signs that you may be becoming dehydrated and require medical treatment:

- Passing smaller and more concentrated amounts of urine
- Excessive tiredness and dizziness
- Headaches and in some cases, becoming confused

You should contact your GP in the first instance, who would be able to refer you to hospital if necessary for rehydration.

If you have been admitted for Hyperemesis Gravidarum before you can be fast tracked to arrange, be seen by the gynaecology team. This may still need to be in the Emergency Department out of hours but preferably in the Acute Medical Unit during the day.

Investigations that may be performed

Blood tests and a sample of urine may be collected to assess the degree of dehydration and rule out the possibility of a urinary tract infection.

A scan may be requested if you have not already had one.

Treatment

Your treatment will depend on the severity of sickness and the degree of dehydration. Ketones, an indicator of dehydration, can be measured in your urine to decide whether you need blood tests and/or an intravenous drip to rehydrate you. Firstly where possible, we prefer to treat women with oral anti-sickness medicine. Most women respond well to this and find recovery is easier in their own home. If you are not getting better we would recommend review in hospital.

On admission, a cannula will be placed in a vein in your arm or hand. This is a small plastic tube that can be taped in place to allow blood tests to be taken, fluid and medication to be given. Anti-sickness medicine can be given this way or by intramuscular injection, orally or as a suppository. You will be able to take a light diet and drink fluids as you feel able. If your blood tests are normal you will not need to stay in hospital more than a few hours.

If your blood tests are abnormal on admission or your symptoms do not improve, a longer stay will be advised for more fluid & medication.

If you have not been eating you may be offered a B vitamin supplement called thiamine to replace deficiencies that can potentially cause you medical problems in the future. If you cannot tolerate tablets orally at home we may offer you vitamin replacement via the cannula.

You will be given compression stockings to wear and we may give you blood thinning injections to reduce the risk of blood clots in the legs and lungs.

After discharge

As your symptoms improve and you are able to better tolerate food, you will be discharged home with a supply of oral anti-sickness medicines. There are several other things that you can do at home to help yourself:

- Get plenty of rest as both emotional and physical stress can worsen sickness.
- Ask for help from friends and family with children, housework and for social support as isolation can worsen symptoms.

- Eat small, frequent meals and avoid drinking at the same time as you eat to reduce likelihood of vomiting. Aim to not drink 30 minutes either side of eating.
- Try different drinks to see if any reduce your nausea and you may find ice lollies or ice cubes help. Avoid spicy and fatty foods where possible.
- Food containing ginger, e.g., biscuits, may also be helpful.

Your GP will be informed about your admission and will be able to provide support and repeat prescriptions of anti-sickness medication to you after discharge, if needed

Where can I find further information?

Pregnancy Sickness Support www.pregnancysicknesssupport.org.uk

HER Foundation www.hyperemesis.org

[bumps - best use of medicine in pregnancy](http://bumps-bum-bum-bum.org) www.medicinesinpregnancy.org

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.