

Patient Information

Obstetrics and Gynaecology

Hyperemesis Gravidarum (Pregnancy Sickness)

Introduction

Nausea and vomiting in early pregnancy are very common. When the nausea and sickness 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 may start as early as the sixth week of pregnancy, persist for several weeks and usually improve by 12th to 14th week. Very rarely, it may continue throughout the pregnancy.

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

Causes

Definite causes are unknown. There may, however, 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 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.

Signs and symptoms

These include:

- Prolonged and severe nausea and vomiting (more than three or four times a day).
- Weight loss.
- Excessive tiredness and dizziness.
- Passing less amount of, but more concentrated urine.
- Experiencing headaches and rarely confusion.
- Skin becoming pale and dry.

These are all signs and symptoms of dehydration (lacking fluid), which requires medical treatment.

Investigations that may be carried

Blood tests and a sample of urine will be taken to assess the degree of dehydration and to rule out the possibility of urinary infection that may make the sickness worse. The blood pressure, pulse rate and body temperature will be measured regularly. You may be weighed on a regular basis to assess your response to dehydration and other treatment. If you have not had an ultrasound scan, one will be arranged to confirm that the pregnancy is normal and to ascertain the number of babies.

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Treatment

You will be advised to be admitted to hospital for observation and treatment. After admission to the hospital ward, a cannula will be placed into a vein of your arm - this is a small plastic tube that stays in place, enabling fluids and medication to be given straight into your system to correct the dehydration. To reduce the nausea and vomiting, anti-sickness medication may be administered either through your cannula, by injection, oral tablet or suppository. You may take fluids and a light diet as you feel able.

Your blood tests and urine will continue to be monitored until levels are returning to normal. You may be given thiamine tablet which is a vitamin supplement. When you do not eat or drink sufficiently, you may become deficient in vitamins B and C that may cause you medical problems.

Advise on discharge from hospital.

You will be discharged home with either oral or rectal medication to help control the nausea and vomiting. However, there are many things you can do to help yourself:

- Get plenty of rest because both emotional and physical stress can worsen nausea.
- Ask for help with other children, housework etc.
- Ensure you eat small, frequent meals and it is advisable not to drink at the same time as you eat - it is less likely to induce vomiting if you keep fluids to thirty minutes each side of food.
- Listen to your body - eat what you fancy but avoid spicy and fatty foods. Try different drinks - if you usually prefer hot drinks try cold ones and vice versa. You may find ice-lollies or ice cubes helpful to suck.
- Ginger in the form of biscuits, tea, capsules, ale or root beer may be helpful.

Alternative therapies can be helpful to relieve symptoms - these include `sea-bands` which are acupressure wristbands for travel sickness - these are available from chemists.

Some women find homeopathic or herbal remedies effective - but check these are suitable in pregnancy before using them.

Acupuncture can be effective to relieve symptoms and your General Practitioner may be able to advise you of a practitioner locally.

Conclusion

Nausea and vomiting are common in pregnancy, particularly during the early stages. Rarely it may become excessive and require medical help. Although this can be a serious condition, with correct treatment there will be little harm to you or your baby, providing you follow medical advice sensibly.

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Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

David Chui (Consultant in Obstetrics and Gynaecology)

Paula Smith (Clinical Matron)

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Responsible Clinician: Paula Smith, Clinical Matron,

Hand Hygiene

In the interests of our patients the Trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.