

What is Hyperemesis Gravidarum?

Nausea and vomiting are the most common symptoms experienced in early pregnancy, with approximately 70-85% of women experiencing nausea, and 50% of pregnant women experiencing vomiting. In a smaller number of women the vomiting can be persistent, frequent and severe - in these cases it is known as Hyperemesis Gravidarum.

Hyperemesis affects 1 to 10 of every 100 women and is diagnosed when the nausea and vomiting are so severe that the woman requires admission to hospital. Hyperemesis most commonly occurs in weeks 8 - 12 and may continue until 20 weeks.

What causes Hyperemesis Gravidarum?

The exact cause is unknown but it is believed to be due to rising levels of pregnancy hormones such as HCG and Oestrogen, which some women seem more sensitive to than others. Emotional factors may contribute to the severity of nausea and vomiting and can be due to worries over social or financial circumstances, feelings surrounding the pregnancy, or many other reasons.

Women with twin pregnancies are more likely to get hyperemesis because the hormone levels are higher.

Is Hyperemesis Gravidarum harmful for me or my baby?

Hyperemesis may cause you to become dehydrated and disturb your body's electrolyte (salt) balance. You may feel tired and even more nauseated as the body's nutrients become depleted. If this is left untreated for a long period of time it can lead to excessive weight loss, liver and renal damage and in extreme cases death. Severe cases of hyperemesis have caused babies to be small and even deliver prematurely. These problems are very rare today if the condition is treated.

Generally nausea and vomiting is a sign of a healthy pregnancy, and there may even be a lower miscarriage rate.

How is Hyperemesis Gravidarum treated?

Treating hyperemesis is very challenging as it is not always possible to completely stop the nausea and vomiting, and most women who suffer with hyperemesis will have more than one admission to hospital.

The initial treatment is with fluids via an intravenous drip as this will help correct your dehydration. Often this is enough to start making you feel better, and you will be able to start eating and drinking again.

What will happen to me when I go to hospital?

Not all women who go to the hospital with nausea and vomiting need to be admitted.

When you are seen at the hospital, you will be examined to assess how dehydrated you are, a urine sample will be tested and blood tests will be taken. Other causes of vomiting in pregnancy will be looked for (e.g. thyroid problems, urinary tract infection). An ultrasound scan of your pregnancy will be organised to exclude twins.

Intravenous fluids and medications may be recommended.

Medications can be given which help to stop the vomiting and reduce your feeling of nausea. These drugs do cross the placenta and although most of them are known to be safe in pregnancy, the decision to have these medications is ultimately yours.

Most women with hyperemesis can be looked after as day patients. Hospital admission will be advised when hyperemesis is very severe. Once you are feeling better you will be able to start eating and drinking. A dietician will see you and will be able to advise you on diet and nutrition.

Once you begin to eat and drink again the following may be helpful:

- Try to avoid hunger as this increases nausea.
- Have a small light breakfast before getting up (breakfast in bed!)

- Eat small amounts of food often rather than the normal three large meals a day.
- Carry a water bottle and some sugar (e.g. Barley Sugars). Energy drinks may be useful, but dilute very sugary drinks such as commercial fruit juices or carbonated drinks by half.
- Eat low fat, high protein foods such as lean meat, canned fish, poultry without skin, eggs and beans, and easily digested carbohydrate such as fruit, breads, cereals, rice, pasta and potatoes. These foods provide important nutrients and may prevent low blood sugar levels, which can in turn cause nausea.
- Avoid fatty, greasy and fried foods as these are harder to digest and the smell of cooking could trigger your nausea.
- If cooking food causes you to have nausea and vomiting try to eat cold foods or get someone else to cook for you.
- Try sitting upright after meals to reduce the frequency of gastric reflux.

Family support is also important in helping to treat hyperemesis. It is vital that family and friends know how you feel so they can help you through this difficult time. They may be able to help especially when you go home by helping to prepare food, doing housework and helping look after other children to allow you to get some rest.

Alternative remedies may also be helpful in treating hyperemesis. The most common alternative treatments are acupuncture and acupressure which apply pressure to the nausea points in your body. Some practitioners recommend ginger, which you may find successful. You can try this in crystallised form or by drinking ginger ale or herb teas with ginger in them.

Despite all these treatments in some cases the nausea and vomiting may persist. If this happens and your blood results and urine tests remain abnormal then nasogastric feeding may be necessary. Nasogastric feeding is when a thin tube is passed through your nose and down into your stomach. A complete food is then administered via a pump into your stomach. Some women feel much better within hours of starting this treatment.

Although there are a number of treatments for hyperemesis it is not always possible to stop the symptoms completely. Several admissions are sometimes required, and you may need to be patient as finding the most appropriate treatment for you can

take time. In most cases the symptoms reduce after 12-14 weeks.

Further reading/websites of interest

EMedicine patient information

http://www.emedicinehealth.com/pregnancy_vomiting/article_em.htm

An up to date source of information

Hyperemesis Education and Research Foundation

www.hyperemesis.org/index.php

An education and support site for hyperemesis sufferers and their families

Patient.co.uk

<http://www.patient.co.uk/showdoc/40000180/>

This is a short review of the topic aimed at a midwife/GP audience.

There are many online forums where pregnant women can chat about common symptoms and concerns. However, always discuss any treatments you may wish to pursue with your Lead Maternity Carer (LMC), as some may not be safe in pregnancy.