

Hyperemesis Gravidarum

Severe nausea and vomiting in pregnancy



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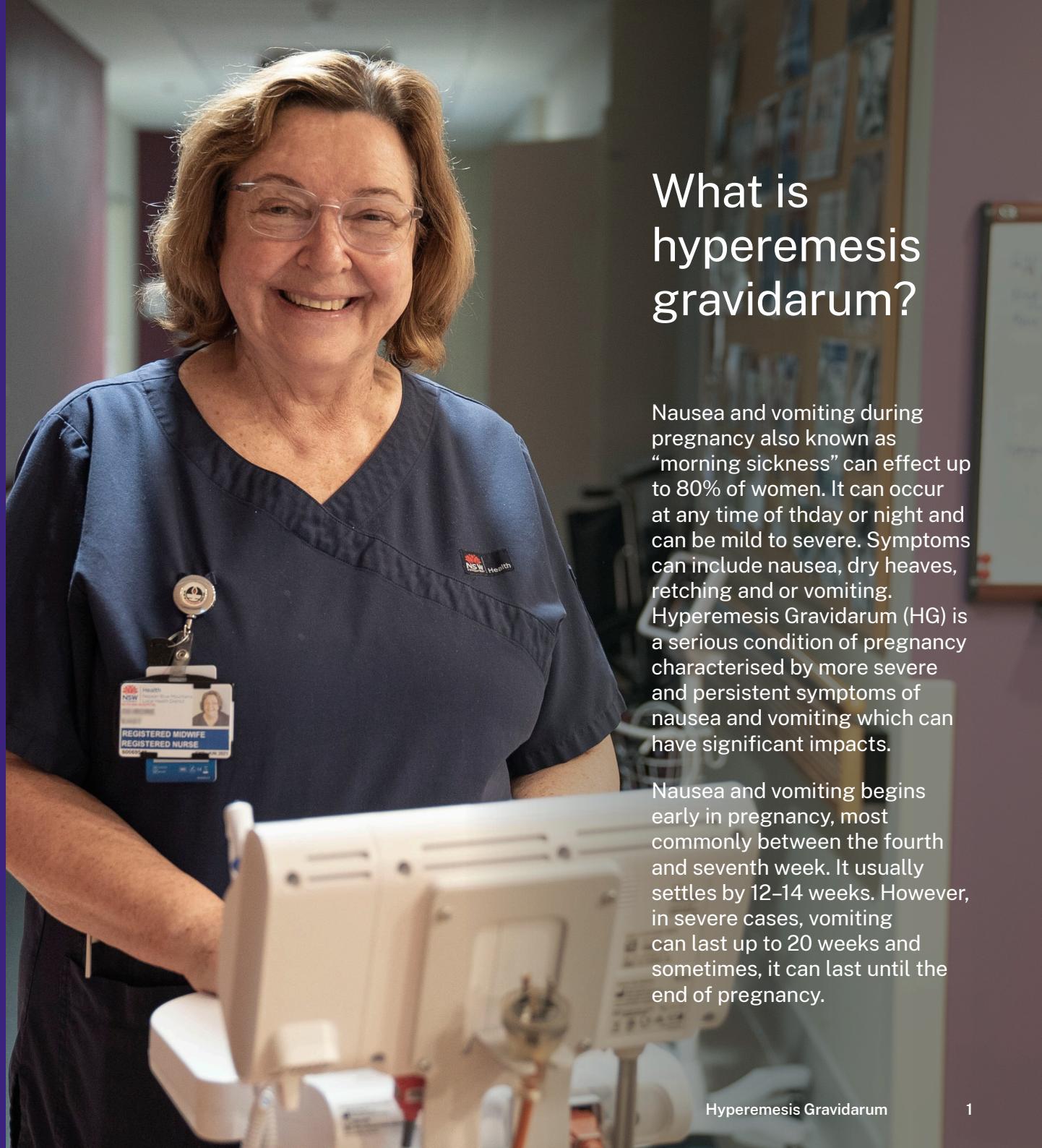
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NBMP-535

Need an interpreter? Call TIS on 131 450



The information in this booklet is for guidance only and does not replace consultation/advice by your health care provider.



What is hyperemesis gravidarum?

Nausea and vomiting during pregnancy also known as “morning sickness” can affect up to 80% of women. It can occur at any time of the day or night and can be mild to severe. Symptoms can include nausea, dry heaves, retching and/or vomiting. Hyperemesis Gravidarum (HG) is a serious condition of pregnancy characterised by more severe and persistent symptoms of nausea and vomiting which can have significant impacts.

Nausea and vomiting begins early in pregnancy, most commonly between the fourth and seventh week. It usually settles by 12–14 weeks. However, in severe cases, vomiting can last up to 20 weeks and sometimes, it can last until the end of pregnancy.

Signs and symptoms

Any woman who is experiencing severe nausea and vomiting in pregnancy, and who are unable to keep down fluids, should attend their local Emergency Department or the Women's Acute Assessment Unit at Nepean Hospital especially if she is experiencing persistent headaches, dizziness and confusion.

Symptoms of hyperemesis gravidarum include:

- trouble swallowing saliva
- skin becoming pale and dry
- unable to complete daily activities due to nausea or vomiting.

In some women, symptoms may be so severe that they become depressed and need extra support such as counselling. If you find that you consistently feel down, speak to your health care professional.

Women who experience severe nausea and vomiting that leads to dehydration may need to be admitted to hospital.

Your baby

There is no evidence that nausea and vomiting has a harmful effect on your baby. In fact, you have a slightly lower risk of miscarriage.

Women with severe nausea and vomiting or with hyperemesis gravidarum may have a baby with a lower than expected birthweight. You may be offered scans to watch the growth of your baby.

Morning sickness or hyperemesis gravidarum?

The following table outlines some differences between morning sickness and hyperemesis gravidarum.

| Morning sickness | Hyperemesis gravidarum |
|--|---|
| You lose little if any weight | You lose more than 5% of pre-pregnancy weight |
| Nausea and vomiting rarely interfere with your ability to eat or drink enough each day. | Nausea and vomiting cause you to eat very little and get dehydrated if not treated. |
| You vomit infrequently and the nausea is episodic but not severe. | You often vomit or feel the need to, and you may vomit bile or blood if not treated. Nausea is usually moderate to severe and constant. |
| Traditional remedies like diet or lifestyle changes are enough to help you feel better most of the time. | You will probably require fluid hydration through an IV and/or medications to ease your symptoms. |
| You typically improve after the first trimester, but may be queasy at times throughout pregnancy. | You usually feel some relief by mid-pregnancy, but may be nauseous and/or vomit until late pregnancy. |
| You will be able to work most days and care for your family, though less than usual at times. | Your day to day functioning is significantly impacted along with your capacity to carry out usual and everyday tasks. This can include work or study, caring for other children or family members and maintaining social connections. |
| You may feel a bit low in mood at times, especially if you have more severe nausea, but are able to be your usual self most of the time. Morning sickness shouldn't significantly impact your thoughts and feelings about having a baby. | Your mood and thoughts and feelings about pregnancy and your baby will be significantly impacted. Your mental health can be affected. |

Treatment

Your midwife will ask you about nausea and vomiting at each antenatal clinic visit when your pregnancy is between 4 and 16 weeks. Symptoms will be assessed and classified using a severity scoring system.

Most cases of hyperemesis gravidarum can be treated with a care plan once your symptoms are assessed. This may include changes in your diet, increased rest, oral medication, or additional support.

You may need to stay in hospital if you:

- are dehydrated
- have severe vomiting and are unable to tolerate any fluids
- have abnormal blood tests
- have lost weight
- have a medical condition such as a heart or kidney problem or diabetes.

While in hospital you will be given fluids you need through a drip in your arm. This will continue until you are able to drink fluids without vomiting. Each day your fluid intake and how much urine you are passing will be recorded. Your temperature, blood pressure, pulse, respiratory rate and weight will also be recorded.

You may also be offered:

- anti-sickness medication and a B vitamin called thiamine. Both of these can be given through the drip in your arm if you are unable to keep tablets down
- special stockings (graduated elastic compression stockings) to help prevent blood clots

When you are feeling better, you can start to drink and eat small amounts and slowly build up to a normal diet.

Tips to help with eating

Eat **any** foods you can manage if it meets food safety guidelines in pregnancy.

Take all medication for sickness (antiemetics) you are prescribed.

Do not worry if the foods you manage to eat are not the healthiest options, **something is always better than nothing**.

- Eat little and often, even if just a mouthful



- Rest when possible



- Have your most nourishing meal 30 minutes after antiemetic



- Use convenience meals instead of cooking to save your energy



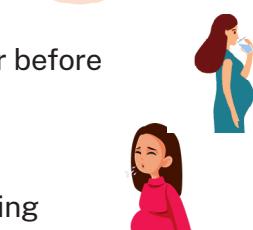
- Wait 30 minutes to brush your teeth. You can rinse your mouth with water after vomiting



- Accept help from others



- Have a plain biscuit and sip of water before getting out of bed



- If you are producing too much saliva, spit it out instead of swallowing

These foods are often better tolerated:

 Dry, salty or plain foods



 Cold or frozen foods



 High protein foods



Things to avoid:

 An empty stomach. Getting hungry can make your nausea worse



 Tight or uncomfortable clothing



 Cigarette smoke



 Stop taking any herbal and non-prescription supplements including those containing iron. Discuss with your doctor when to start taking supplements again



Missing any medication



Any strong smells



Foods that are fatty, spicy or very sweet can make nausea worse



If you are still struggling to eat and drink or you are losing weight, a special nutritional drink may be helpful. Your medical team or dietitian can give you recommendations.

Supplement name: _____

Amount to take: _____

What if I start feeling better?

As nausea and vomiting start to improve and you can keep more food down, try to include more nutritious foods. These include fruit, vegetables, dairy and lean proteins such as meat, chicken, fish, eggs and legumes. When your symptoms improve, it is important to reduce intake of sugary drinks and foods.

For more information on the dietary guidelines in pregnancy, scan the QR code or visit www.eatforhealth.gov.au and search for pregnancy dietary guidelines.



Tips to help with hydration

Regular fluid intake is important, even if only managed in small amounts.

Aim to drink 1 litre of any fluid you can manage spread across the day. Water is a great choice, but other types of fluids may be better tolerated.

Take all medication for sickness (antiemetics) you are prescribed.

Intravenous (IV) fluids (given in a drip) are often needed to stay hydrated.

Things to try:

-  Small sips every 15 minutes through a straw



-  Have your most nourishing fluid or food 30 minutes after antiemetic



If you are struggling to drink water try:

-  Sports/electrolyte drinks, juice and slightly flattened soft drinks



Ice or very cold drinks



High fluid foods



Herbal teas, specifically peppermint or ginger tea

Things to avoid:

-  Acidic and caffeinated drinks



-  Drinking at the same time as food



-  Missing any medication



-  Any strong smells





Tips to help with constipation

When nausea and vomiting in pregnancy become severe and lasts for more than a few days, women can find it hard to eat or drink enough. A common side effect of this is constipation.

Constipation is when there is difficulty passing stools or when bowel movements become less frequent. Hormonal changes in pregnancy as well as some medications and supplements can also contribute to constipation.

Key points:

- Constipation is very common so please talk with your maternity care provider if needed
- Constipation can make nausea and vomiting worse
- There are some natural ways to ease constipation during pregnancy, but other medications are often required in Hyperemesis Gravidarum which can increase the likelihood of constipation

Things to try:

 Aim for type 3-4 stools on the Bristol Stool Scale



 Aim to drink at least 7-8 cups of water per day
OR 4 cups per day if receiving IV Fluids.



 Fruit or fruit juice can help especially fresh kiwi fruit, pear or prune juice.





Any gentle exercise you feel able to manage, such as swimming, gentle yoga, walking or cycling



Take any medication prescribed/recommended by your healthcare team to assist regulating bowels



Listen to your body's cues and act on your urge straight away. Using a footstool and the appropriate lean-forward with straight back and feet apart may help



Things to avoid:



Reducing or stopping any antiemetic medication due to constipation unless advised by your doctor



Caffeine in tea/coffee or energy drinks as this can contribute to constipation



Straining on the toilet, as this can lead to further problems such as haemorrhoids or a weakened pelvic floor over time



Teeth and oral care

Stomach acid from vomiting can cause damage to your teeth. This damage (erosion) can cause your teeth to become sensitive and painful.

Things to remember:



Wash out your mouth with water after each time you vomit



Brushing your teeth too soon after vomiting can make erosion worse. Wait 30 minutes before brushing



Mixing 1 teaspoon of bicarb soda in a glass of water as a mouthwash to help stop stomach acid



Toothpaste and normal tooth brushes may make your nausea worse. Change your toothpaste to find a tolerable texture and taste. Try using a toddler-sized toothbrush



See a dentist during or after pregnancy for early detection of issues caused by vomiting



For more information on oral care in pregnancy, scan the QR code or visit:

<https://www.health.nsw.gov.au/oralhealth/prevention/Pages/resources-pregnancy.aspx>



Hyperemesis Gravidarum (HG) and your mental health

Experiencing HG can be a lonely place, especially on the ‘bad’ days when the only safe place may be the confines of your bedroom. Psychologists can assist and provide support for women experiencing HG.

A psychologist can talk to you about finding new ways of coping and managing thoughts and feelings; problem solving worries and stress; and navigating day to day tasks.

One of the issues with HG is the social isolation from family members, friends and work colleagues. Social isolation may make you feel worse and think more negatively about yourself, this pregnancy, and your situation.

Tips for managing isolation:

- ✓ Try going on small, short outings
- ✓ Inform others this may need to be spontaneous and that you may feel unwell or sick
- ✓ Develop an ‘I can go out self-care bag’. You will need:
 - A tote bag
 - Vomit/sick bags
 - Some HG medication
 - Travel facial wipes (hint: cool some down in the fridge)
 - Face washer
 - Change of clothes including underwear
 - Toothbrush with a toothpaste you can tolerate
 - Facial spritzer (with a scent you like) or make your own with a pregnancy safe essential oil
 - Small bottle of drink that you can tolerate (fizzy may help)
 - Lolly – peppermint, ginger, gum, (or none of these. This is your bag after all)
 - A HG affirmation card (see Hyperemesis Australia)
- ✓ When you return home, don’t forget to record your outing in a journal. This might be: “I got out today” (even if you were sick)
- ✓ Restock your bag and add a new thing, such as a stress ball or fidget toy that may make you smile and is distracting

Using reframing

Reframing is a term used in psychology to consider a way we could think about something differently.

You can try 'reframing' a fact of HG, such as being sick or vomiting, so that you can focus on what you can control. A way of reframing being sick or vomiting in HG is that your body is trying to help you feel better by getting rid of the nausea.

So, let's start thinking of what you can control when it comes to being sick or vomiting.

| What I know | What I don't know |
|---------------------------------|-------------------------------------|
| I'm pregnant | How long HG will last |
| I have HG | When I'm going to have a better day |
| I feel nauseous and vomit a lot | |

Try thinking outside the square and about what you have control over.

Where I'm sick (mostly)

- Bathroom/toilet/Sick bag (there are different ones)/Bowl (using different coloured bowls or buckets)/Bucket with a lid

How I think about being sick

- My body is trying to help me/ I may feel better afterwards
- This is one less vomit I will have this pregnancy

Helpful tips for your mental health:

- Acknowledge your body and what it is doing to care for you and grow your baby

- Learn ways to let go of previous comparisons, expectations, decisions, and roles
- Acknowledge that life before this pregnancy is temporarily on hold
- Begin over again as often as needed to move forward

To visualise, anticipate and remind yourself that you can get through this, you might like to try:

- Learning effective forms of distraction, mindfulness and relaxation
- Accepting help and services
- Learning about a form of acceptance that is 'radical' in that it is not about liking or wanting what is happening to you
- Listening to and learning about what works for your body now
- Journalling to record wins
- Approaching and re-engaging with valued activities in small ways
- Finding new meaning and purpose
- This time is finite. There is an end point. You are not alone

Helpful contacts

- In an emergency, dial triple zero (000)
- Mental Health Access Line: 1800 011 511
- WAAU/Birth Unit (Nepean): (02) 4734 2294
- Birth Unit (Hawkesbury): (02) 4560 5555
- Birth Unit (Lithgow): (02) 6350 2324
- Birth Unit (Blue Mountains): (02) 4784 6572
- Mothersafe: 1800 647 848
- Hyperemesis Australia: [www.hyperemesisaustralia.org.au](http://hyperemesisaustralia.org.au)
- PANDA: 1300 726 306

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