



PATIENT INFORMATION LEAFLET

HYPEREMESIS GRAVIDARUM

This leaflet aims to provide you with information on hyperemesis gravidarum (excessive nausea and vomiting in pregnancy) to help you and your family understand and cope between with the condition you have. Family help and support can be very helpful during this time.

NAUSEA AND VOMITTING IN PREGNANCY

Spitting, nausea and/or vomiting is common in pregnancy, affecting 3 in 4 pregnant women. It usually begins around the sixth week of pregnancy and generally starts to settle by about 13 or 14 weeks, although 1 in 10 women may continue to feel sick after the 20th week of pregnancy.

Nausea and vomiting in pregnancy will normally not cause any harm to you or your baby and will not usually require and treatment. However, a few women develop severe nausea and vomiting that requires medical intervention

CAUSES OF HYPEREMESIS

The exact cause of nausea and vomiting in pregnancy is not known. A number of different causes have been suggested including:

- **Increased oestrogen levels** – during pregnancy, the female sex hormone (oestrogen) levels begin to rise. They tend to be at their highest during the first three months when these symptoms are at their worst.
- **Increased hCG levels** – after conception (when the sperm fertilises the egg) the body begins to produce a hormone called human chorionic gonadotrophin (hCG). It is thought that this rise may cause nausea and vomiting during pregnancy.
- **Nutritional deficiency** – especially a lack of vitamin B6.
- **Gastric problems** – the hormone progesterone which is produced in pregnancy to prepare the womb, may reduce the movement within the stomach and small intestine, resulting in nausea and vomiting.

It is important to understand that hyperemesis is due to your pregnancy and has no arisen because of anything you have done or failed to do.

Hyperemesis is a sign that your pregnancy hormone levels are good and reflects a healthy pregnancy. Research shows that, if treated properly, this condition is unlikely to be harmful to you or your baby.

SELF HELP

By altering certain lifestyle, eating and drinking habits, you may be able to help reduce symptoms.

The following is a list of measures that have been shown to help:

- Drink little and often rather than large amounts avoiding fizzy and caffeinated drinks (including tea and coffee).
- Avoid drinks that are cold, tart (sharp) or sweet.
- Avoid meals very early and very late in the day, although sometimes eating a plain biscuit may help.
- Eat smaller, more frequent meals that are high in carbohydrate and low in fat (savoury foods such as, toast, crackers and crisp bread, are usually better tolerated than sweet, spicy or greasy foods).
- Avoid food or strong smells that trigger your symptoms (this can include perfume).
- Stop smoking (ask those around to stop smoking near you).
- Stop taking iron tablets (you can restart once the vomiting stops).
- Stop the use of all non-prescription medicines (including herbal remedies).
- Avoid stressful situations, consider asking your GP for a sick note for work if requires as stress can worsen or prolong the condition.
- Get plenty of rest as tiredness can make nausea worse.
- Wear comfortable clothes without tight waistbands as these can make you feel uncomfortable.
- Acupressure bands, which are special bands placed around the wrist (often used for travel sickness) have been found helpful with pregnancy related sickness.
- Ginger, there is some evidence that ginger supplements may help reduce the symptoms however check with your nurse, doctor or pharmacist before using.

WHEN TO SEEK MEDICAL HELP

Any affected woman who finds it difficult to eat and/or drink or persistently vomits after eating or drinking should seek medical help. You should always contact your GP first who will then refer you to the hospital if necessary.

You should see medical help urgently if you develop any of the following:

- Very dark-coloured urine or if you do not pass urine for more than 8 hours.
- Unable to keep food or fluids down for 24 hours.
- Vomiting more than 5 times a day.
- Weight loss.
- Muscle wasting.
- Dizziness and/or fainting.
- Palpitations (fast heartbeat)

TREATMENT OPTIONS

When you are seen by a doctor or nurse they will undertake the following tests:

- Check your weight
- Perform a urine test
- Take blood tests

The results of these tests will determine the best treatment option for you:

1. Out-patient treatment

Where possible, it is preferred to treat women with hyperemesis as an out-patient as most women respond well and avoid hospital admission. Avoiding hospital admission reduces the risk of acquiring infections. If you can be treated in this way, you will be given specific advice on how to help yourself and give you a vitamin supplement called Thiamine as well as a higher dose of Folic Acid. You will be given these as when you do not eat or drink sufficiently, you may become deficient in vitamins B and C that may cause you medical problems or affect the development of your baby. You will also be given anti-sickness medicines. If you do not improve with home treatment, you will be recommended ambulatory treatment.

2. Ambulatory treatment

Ambulatory treatment is very useful for women with more severe forms of hyperemesis and/or those who have not improved with out-patient treatment but are well enough to come into hospital on a daily basis. In addition to the vitamins and anti-sickness medication already discussed, you will be given a short infusion of fluid through an intravenous (IV) drip in your vein to overcome ill-feelings you get from losing fluid through vomiting. This treatment usually takes 2-3 hours each time after which you can return home. You will be able to return to hospital daily for continued treatment if you find this helpful. If you do not improve with ambulatory treatment, you will be recommended to be admitted to hospital.

3. Inpatient treatment

Admission to hospital is necessary for women with very severe symptoms such as excessive weight loss (more than 5% of body weight), muscle-wasting, dehydration, dizziness and palpitations, abnormal test results and women who do not respond to ambulatory treatment. Daily blood and urine tests will be taken whilst you are admitted. Hospital treatment involves replacing lost body fluid through an IV drip and injecting medicines directly into muscles and/or veins. You will also be given a vitamin supplement. If you do not improve with these measures, you will be considered for steroid injections. Occasionally other specialists will be invited to contribute to your care if it is felt they can help with your treatment.

ANTISICKNESS MEDICATION

Due to complex regulations, most medications are not licensed for use in pregnancy. This is mainly due to the lack of clinical trials amongst pregnant women. Prescribing of medications in pregnancy always follows careful assessment weighing risks against benefits.

Medication with the best safety and effectiveness records is usually chosen as first line treatment. The benefits of treating hyperemesis outweigh the potential risks of treatment. Anti-sickness medication can be given in the following ways:

- By mouth.
- An injection into your leg.

- Directly into a vein through a drip.
- A suppository into your bottom – we understand women might not like to have suppositories, but research has shown that this is an effective way of taking medicines and continues to work even after vomiting.

Medicines used in combination with self-help measures detailed above can be very successful in treating hyperemesis.

Due to the complex regulations regarding prescribing in pregnancy, you may have problems obtaining a repeat prescription from your GP. Please ask your GP to discuss with either the Emergency Gynaecology Unit (Wythenshawe) or Gynaecology Assessment Unit (North Manchester) if they have any concerns. (Contact details are provided below).

Please feel free to discuss any of the above with the doctor or nurse looking after you.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

EGU is located at Wythenshawe Hospital (enter via entrance 15)



The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road

Gynaecology Assessment Unit (GAU/G2)

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30

Saturday & Sunday - 08:30 – 16:30



GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance).

To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.