

Recognition and management of Hyperemesis Gravidarum

What is Hyperemesis Gravidarum (HG)?

- HG is a serious complication of pregnancy which requires active intervention and treatment¹. It is diagnosed when symptoms start in early pregnancy (before 16 weeks gestational age); nausea and vomiting is present, at least one of which severe; the ability to eat and drink normally is affected and activities of daily living are strongly limited².
- Up to 80% of pregnant or birthing people will experience some degree of nausea and/or vomiting in early pregnancy. Although most people do not ask for help or complain about it, approximately 30% of pregnant or birthing people will require some time off work to manage symptoms and may need treatment if normal functioning, eating and drinking is affected. 0.3-3.6% of pregnant or birthing people are diagnosed with HG³.
- HG frequently persists until delivery, although most pregnant or birthing people see an improvement in symptoms around 20 weeks⁴ compared to mild pregnancy sickness which usually improves around 12-14 weeks gestation, and moderate-severe sickness which may continue until 20-24 weeks.
- Other complications may include venous thromboembolism, gastro-oesophageal reflux, constipation and electrolyte imbalance. Additionally, where women have comorbidities, such as epilepsy, diabetes or HIV, consideration should be given to the absorption of any oral medications being taken for anyone experiencing HG⁵.
- Those experiencing HG may have a baby with a lower than expected birth weight and they may be offered more growth scans^{4,6}. Research is actively investigating longer term impacts on babies and children⁶ and this is a recommendation from the Royal college of Obstetrics and Gynaecologist¹.
- While an accurate rate of recurrence from one pregnancy to the next has yet to be determined⁸, it is well established that a history of HG in one pregnancy is the greatest risk factor for experiencing HG again in future pregnancies.
- Many pregnant or birthing people find that their experiences are misunderstood or under-appreciated by both healthcare providers and their family, friends and employers, so listening to, believing and validating a person's experience of HG may help reduce the psychological distress that HG can cause^{9,10}.

Signs and symptoms

The most reliable diagnostic sign of HG is the inability to drink sufficiently to prevent dehydration which includes:

- concentrated urine and reduced output
- dry skin and mucous membrane
- impairment of daily functioning due to sleepiness and lack of energy

- fainting or dizziness which may include confusion
- > 5% weight loss
- HG can take a significant toll on women's mental health both during pregnancy and post-partum⁹.

Ketosis can occur but it is important to note that this is not a reliable symptom of HG or an indicator of the severity¹¹

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For additional resources see www.ihv.org.uk

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Treatment and Management

There is no cure for HG but treatment should seek to correct malnutrition through the control of nausea and vomiting symptoms.

The Royal College of Obstetricians and Gynaecologists (RCOG)¹ has guidelines for treatment of Nausea and Vomiting of Pregnancy (NVP) and HG, using a stepwise approach:

- First-line anti-emetics such as Xonvea, Cyclizine, Promethazine or Prochlorperazine should be prescribed if symptoms are not sufficiently controlled to enable eating, drinking and improved quality of life.
- Second-line anti-emetic treatment such as Metaclopramide or Ondansetron is appropriate. For women with HG resistant to these treatments, steroids should be considered.

Good Practice Points for Health Visitors

- Health visitors (HVs) need to be aware that even mild pregnancy sickness and moderate to severe nausea and vomiting can be very debilitating, so listening and validating a woman or birthing person's experience of HG may help reduce the psychological distress that it can cause.
- It is important for HVs to understand that there may be a role for them to support and advocate for a woman or birthing person experiencing HG as some may struggle to seek help or treatment and some may not have received appropriate help.
- It is helpful to be aware that women or birthing people who have been malnourished throughout pregnancy may have difficulties with breastfeeding. This is more likely for those who have suffered extreme weight loss and malnutrition during pregnancy¹². It is good practice to document feeding choices and any feeding issues within the infant's notes.
- HVs are well placed to discuss the risk of recurrence of HG in future pregnancies and provide information regarding pre-emptive planning and early intervention¹³. Information and resources about pre-emptive planning can be found on the [Pregnancy Sickness Support website](#) and "Helping women prepare for Hyperemesis Gravidarum"¹⁴.
- It is important to recognise that social isolation can be profound for anyone experiencing HG, due to being bedbound for many months with an additional loss of identity and feelings of a lack of connection to the pregnancy.
- While there is no evidence to suggest that those who experience HG have any less attachment to their baby, some may have thought about terminating their pregnancy due to HG and may therefore harbour worries about their attachment with their baby. It is important for health visitors to understand the potential impact of HG on mental health¹⁰.
- Careful and sensitive questioning about their experience of pregnancy may help to explore a person's mental health and wellbeing. HVs may need to consider providing additional support such as listening visits¹⁵ and inclusion of support from perinatal mental health services¹⁶.
- Many hospitals now offer day care management of HG, including IV rehydration and anti-emetic review, which can reduce the negative impact upon the lives of those affected by HG. Some areas can provide IV fluids at home. HVs should familiarise themselves with what services are available locally and how to access them so that they can advise pregnant women or birthing people accordingly.
- HVs may also want to consider the impact an HG pregnancy may have had on partners as it is not uncommon for partners to report to report feelings of helplessness, guilt and fear for future pregnancies.

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Further information:

- **Pregnancy Sickness Support** is a national UK charity providing information and support to women suffering with any degree of pregnancy sickness and HG. They have a helpline and 1-2-1 peer support network. Website: <https://bit.ly/3IWaF8u> Helpline: 024 7638 2020
- **NHS Choices** has information about HG here: <https://bit.ly/3IOB0oZ>
- **Spewing Mummy:** For insight into women's experiences of HG and the experience of their partners and families, you can browse this HG blog, available: <https://bit.ly/3NCKAPa>. This website also has resources for women and healthcare professionals to download such as fluid and medication charts, nursing and medical care plans, assessment charts and resources for planning future pregnancies.
- **Pregnancy sickness** (nausea and vomiting of pregnancy and hyperemesis gravidarum) produced by the Royal College of Obstetricians and Gynaecologists for patients and their families: <https://bit.ly/3D5MuFe>

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