

Hyperemesis Gravidarum.

Things You Didn't Know About Hyperemesis Gravidarum

Think it's just "bad morning sickness?" Think again. From symptoms to medication options, here are some commonly misunderstood facts about this rare pregnancy disorder.

It's the bigger, and much badder, cousin of morning sickness, and Kate Middleton the Duchess of Cambridge suffered from it enough to need hospitalisation.

Most women experience some degree of morning sickness in early pregnancy: nausea, vomiting and exhaustion are all common pregnancy side effects in the first trimester and usually ease around twelve or thirteen weeks. But, for a few unlucky people, morning sickness becomes so severe that they are unable to function normally, and in some cases even end up in hospital because they become dehydrated from persistent vomiting (yuck).

Around 1 out of 100 women experience hyperemesis gravidarum. It's not known what causes it, or why some women get it and others don't.

You are more likely to experience hyperemesis gravidarum if you:

- are carrying twins or multiples
- have a mother or sister who has had hyperemesis gravidarum in a pregnancy
- had hyperemesis gravidarum in a previous pregnancy

If you suspect you may have hyperemesis, consult your LMC immediately. Whilst there are no known cures for hyperemesis, it can be managed, and leaving it untreated can be very dangerous. If you become too dehydrated your vital organs can begin to shut down, worst-case scenario can lead to death.

When to seek medical attention:

If you are unable to keep fluids and food down, you are at risk of dehydration (lack of fluids) and malnutrition (lack of nutrition).

Signs of dehydration include:

- feeling 'dry' or very thirsty
- urine changing from a light yellow to a dark yellow or brown colour.

Contact your LMC immediately if you:

- have very dark-coloured urine or do not pass urine for more than 8 hours
- are unable to keep food or fluids down for 24 hours
- feel severely weak, dizzy or faint when standing up
- have abdominal (tummy) pain
- have a high temperature (fever) of 38°C or above
- vomit blood
- have pain when passing urine or any blood in your urine (this may be a urine infection).

The first thing your LMC will likely do is check your urine for the presence of ketones. (ketones are a by-product produced by the liver during fatty acid metabolism. Everyone produces ketones, but they are usually completely metabolised). If elevated ketones are present it is likely you will need to be hospitalized for treatment. If no ketones are present your LMC will keep a close eye on your condition to ensure you don't become further dehydrated and they may prescribe anti-emetics (anti-nausea medication) to help control the vomiting. These are usually tablets, but if you are unable to keep tablets down your doctor may prescribe suppositories instead.



If you are admitted to hospital, you will most likely be treated using intravenous fluids (via an IV drip) to rehydrate you and intravenous anti-emetics to help stem the vomiting. You may also need to be given extra supplements such as intravenous potassium or oral multi vitamins to ensure that you and your baby are getting enough nutrition.

Some people who experience hyperemesis gravidarum find that it improves as the pregnancy progresses, usually by around 20- or so weeks, but many find that it persists well into the third trimester and even right up until delivery (bugger).

Will hyperemesis gravidarum harm my baby?

Unpleasant as hyperemesis gravidarum is, the good news is it is unlikely to harm your baby if treated effectively. Most babies whose mothers have hyperemesis, are fine with no serious after-effects. However, if hyperemesis causes you to lose weight during pregnancy there is an increased risk your baby will be born smaller than expected (low birth weight).

As well as the physical cost of hyperemesis on your body, it can also be an incredibly difficult time mentally and emotionally. The constant physical illness is draining and can make it impossible to enjoy the pregnancy, and some people are reluctant to consider another pregnancy after suffering hyperemesis previously.

Self-care for hyperemesis gravidarum (yay!)

Rest - severe sickness can be exhausting and stop you from doing everyday tasks, such as going to work or even getting out of bed for some. Rest as much as possible and avoid getting overtired. You are likely to have times when you feel worse and other times when you feel better. Avoid the temptation to try and catch up on tasks when you are feeling better. Just do essential tasks and ask for help (yes, ask for help) with everything else.

Avoid nausea triggers - many people find sensory stimulation such as noises, moving visual images, bright light, strong smells and even the movement of air from an open window can all trigger vomiting. Avoid foods and food smells that make you feel nauseous, try sea-sickness acupressure bracelets or acupuncture.

Keep hydrated - ongoing vomiting can lead to dehydration, so you need to make sure you are getting enough fluids. Take small sips of water or other fluids regularly, rather than a glass at a time.

Try electrolyte drinks to keep up the levels of minerals and salts that you need.

If you can't tolerate drinks, try sucking ice cubes, iceblocks such as Popsicles or Fruju, or sipping very slowly through a straw.

Dietary tips

Hunger can make nausea and vomiting worse. Eat slowly and regularly or consider having a small meal/snack every 2-3 hours. Try a bland, protein-rich diet may be tolerable. Carbohydrates are also important as our bodies use them for energy. If too little carbohydrate is eaten your body breaks down its own muscle stores, which lead to the production of ketones. Ketones in the blood cause an increase in nausea, so stopping this cycle is important. Try eating a biscuit or crackers before you get out of bed. Avoid coffee, spicy, smelly, high fat, fried, acidic and very sweet foods.



Foods that tend to be more tolerable include:

- mashed potatoes
- dry salty crackers
- boiled sweets or barley sugars
- potato chips
- rice crackers
- plain scones/muffins
- tinned or fresh fruit
- dry toast
- jelly
- diluted fruit juice
- plain biscuits
- plain vegetables

As well as feeling sick, you might also feel anxious about going out in case you need to vomit, isolated because you don't know anyone who understands what it's like to have hyperemesis, unsure whether you can cope with the rest of the pregnancy if you continue to feel very ill.

Hyperemesis gravidarum can have a huge impact on your life at a time when you were expecting to be enjoying pregnancy and looking forward to the birth of your baby and it's important to note, it's not the result of anything you have, or haven't done, and you do need treatment and support.

If you feel any of these, don't keep it to yourself. Talk to your LMC and explain the impact hyperemesis is having on your life and how it's making you feel. You could also talk to your partner, family and friends so they can understand and help when you need it.

Women who experience hyperemesis also report a higher rate of postnatal depression. Your LMC will be able to offer support and advice, and refer you on if necessary. When contemplating another pregnancy it is possible to put strategies in place to ensure that hyperemesis doesn't get out of control such as starting anti-emetics early in the pregnancy and ensuring you have plenty of support during the first few weeks which are usually the most difficult.

