

Hyperemesis Gravidarum

Severe nausea and vomiting in pregnancy



Nausea and vomiting during pregnancy affects most women in some way. If the nausea and vomiting becomes so severe that it leads to dehydration and significant weight loss, it is known as hyperemesis gravidarum (HG).

Nausea and vomiting begins early in pregnancy, most commonly between the fourth and seventh week. It usually settles by 12–14 weeks. But in severe cases, vomiting can last up to 20 weeks and sometimes, it can last until the end of pregnancy. It is often called ‘morning sickness’ but it can occur at any time of the day or night.

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

Signs and symptoms

Any woman who is experiencing severe symptoms of nausea and vomiting in pregnancy, and who are unable to keep down fluids, should be seen and assessed by a doctor. Symptoms of hyperemesis gravidarum include:

- prolonged and severe nausea and vomiting (more than three or four times a day)
- inability to keep down food or water
- weight loss
- excessive tiredness
- passing dark coloured and less urine
- experiencing headaches and confusion
- dizziness and fainting
- pounding heart
- blood is sometimes seen in the vomit
- 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.

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 at 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 though 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.

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.

Difference between morning sickness and 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 prepregnancy 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 have significant discomfort and misery.	You vomit, or feel the need to, often and 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.	You will likely be unable to work for weeks or months, and may need help just caring for yourself.
You may feel a bit depressed at times, especially if you have more severe nausea, but are able to be your usual self most of the time. You will likely forget most of the unpleasantness after delivery.	You may feel anxious about what lies ahead if you had HG before. You will likely become depressed due to misery and physical depletion. More severe HG often is traumatic and may impact you for years to come.

Women & Childrens Contact Information

Contact the Birth Unit 24/7 if you are unwell and chat to a midwife

Birth Unit (24/7)
(02) 4734 2295

Antenatal Clinic (8:30am-5pm)
(02) 4734 2373

Ultrasound bookings (8am-4:30pm)
(02) 4724 2578



Health
Nepean Blue Mountains
Local Health District

PO Box 63
Penrith NSW 2751
Telephone: (02) 4734 2000
Fax: (02) 4734 3737

Web: www.nbmlhd.health.nsw.gov.au
Email: NBMLHD-mail@health.nsw.gov.au
Facebook: www.facebook.com/NBMLHD
Twitter: @NBMLHD
YouTube: Nepean Blue Mountains Local Health District