

Hyperemesis Gravidarum (Excessive Vomiting During Pregnancy)

**Obstetrics & Gynaecology
Women & Children's Services**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries you may have.



Information for patients and visitors

What is hyperemesis gravidarum?

Nausea and vomiting occur frequently during pregnancy and more than half of all women suffer from 'morning sickness' at the beginning of their pregnancies. Hyperemesis on the other hand is the severe form of 'morning sickness' that also occurs in the early weeks of pregnancy.

We recognise this condition when your sickness and vomiting persists all day and you are unable to keep your meals or drinks down. You may even start to lose weight. It often makes you ill enough to require a check-up by your doctor and in most cases admission into hospital.

How common is this condition?

This severe form is not very common and affects only about 1 in 200 women. Untreated it could persist beyond your 16th week of pregnancy.

What are the symptoms?

- Vomiting excessively and feeling sick all of the time
- You may experience a dry mouth from dehydration
- You may feel unusually tired and light-headed
- Your urine may contain a high concentration of salts called ketones, which can change the appearance of your urine and give it an unpleasant smell
- All of these symptoms can be relieved quickly by giving you adequate fluids and anti-sickness medication

What causes condition?

We do not know the exact cause of this. It is more common in first time mothers, in women carrying twins or in women who are very sensitive to hormones such as the oral contraceptive pills.

It is not unusual to have this problem if you are a younger mother under 20 or if you are older than 35 years old.

Stressful situations either at home or at work could worsen your condition.

Is this condition risky to my baby?

If treated, this condition has very little risk to your baby. It is a myth that excessive nausea or vomiting has to do with the sex of your baby, risk of miscarriages or abnormalities.

Is this condition risky to me?

There are very few risks to you if hyperemesis is diagnosed early and your doctor or the hospital treats you promptly. You may become malnourished and weak and in certain rare cases become drowsy or disorientated. However with treatment you are unlikely to get to this stage.



Information for patients and visitors

What tests do you do?

Rarely, symptoms are caused by health conditions other than your pregnancy such as a urinary tract infection, food poisoning or more serious conditions like appendicitis, thyroid, liver or kidney problems. We will look at your past health history and the effects of any regular medications you are on.

How do you treat this condition?

Your GP or your nurse may have started you on some treatment but referred you because you are becoming dehydrated and need to have fluids replaced. If you are to recover quickly, it is essential that we replace all the fluids you have lost already.

On admission to the ward you are likely to have a drip infusion of fluid with the essential nutrients that you need. We will encourage you to eat and drink little and often until the vomiting settles. Occasionally we may need to refer you to our dietician, who can provide advice. Sometimes we may need to give you supplement drinks until you start to tolerate small meals and light snacks. It is often necessary to give you injections of anti-sickness medications to help your recovery.

We monitor your recovery and once your urine is clear of ketones, you can be discharged home.

Many women struggle with their domestic arrangements, work and childcare but cope better with the support they get from their partners, friends and families.

Are these drugs safe?

Yes. This is a critical time for your baby's development and so we only use anti-sickness medications and vitamins that have been tested over years and that we know do not cause harm to you or your baby. We will use minimal medications to reduce your symptoms and allow you to recover quickly to avoid a long stay in hospital. Feelings of nausea can sometimes be difficult to eliminate completely.

How long will I be in hospital?

It may be possible to treat you during the day time and allow you home in the evenings, research shows that a good night's sleep in your own bed can help your recovery. Otherwise between 2 – 3 days, depending on how quickly you pick up. .

What do I need to do on leaving hospital?

A number of changes you make to your diet and lifestyle can reduce your symptoms

- Make sure that you get plenty of rest because tiredness can make the nausea worse
- Avoid fizzy drinks and drink little and often rather than large amounts of fluids
- Choose what you eat carefully and only eat foods that you know you tolerate well



Information for patients and visitors

- Eat small, frequent meals and snacks throughout the day
- Choose starchy meals which are also low in fat e.g. pasta meals or baked potato which are easy to prepare. Avoid fried foods
- Pregnancy hormones heighten your sense of smell so avoid any food or smells that trigger your symptoms. Cold meals do not give up as many smells as hot, spicy foods and so may be better tolerated
- Stick to bland foods and avoid foods with tart sharp tastes or that are sweet. Most women find dry foods such as toast (without butter) or crackers are better tolerated.
- Avoid strong smells like perfumes and cigarette smoke at home

References

Support group website – www.pregnancysicknesssupport.org.uk

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: nlg-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.



Information for patients and visitors

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Information for patients and visitors

Northern Lincolnshire and Goole NHS Foundation Trust

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