



## BASIC INFORMATION

### DESCRIPTION

Hyperemesis gravidarum is severe nausea and vomiting in a pregnant woman, causing dehydration and drastic changes in body chemistry. This is different and much more serious than morning sickness during pregnancy. It usually occurs before the 20th week of pregnancy; often between the fourth and twelfth week. Quality of life is also affected. Women are often unable to work, perform daily household tasks and routines, or care for young children.

### FREQUENT SIGNS AND SYMPTOMS

- Severe nausea.
- Sustained vomiting (usually 4 to 12 weeks); first of mucus, then of bile and, finally, of blood.
- Dehydration.
- Failure to gain weight, or weight loss to less than pre-pregnancy weight.
- Pale, waxy, dry and sometimes yellow skin.
- Some affected women may have a distinct odor to their breath (ketonic odor).
- Rapid heartbeat.
- Headache, confusion or lethargy.
- Symptoms may subside and recur (wax and wane).

### CAUSES

Unknown. The most common theories include:

- Changes in the human chorionic gonadotropin (hCG) and estrogen hormones.
- Liver or gastric problems.
- Deficiencies of nutrients.
- Psychological factors, such as depression or a poor response to stress.
- Thyroid disorder or endocrine imbalance.
- An association between *Helicobacter pylori* (a bacteria that can cause ulcers) and hyperemesis gravidarum may exist.

### RISK INCREASES WITH

- Younger maternal age.
- First pregnancy.
- Maternal overweight.
- Multiple pregnancy (more than one fetus), producing high levels of a hormone (human chorionic gonadotropin).
- Single marital status.
- Diet high in fat.
- Women with eating disorders.
- Emotional stress.

### PREVENTIVE MEASURES

- There is no known prevention.
- Maintaining a healthy diet, getting adequate sleep, and controlling stress may help.

### EXPECTED OUTCOME

Usually curable with time and treatment (replacing the lost fluids in the body). Pregnancy can continue to the successful delivery of a healthy baby.

### POSSIBLE COMPLICATIONS

- Severe dehydration.
- Esophagitis and gastroesophageal problems.
- May increase the risk of the baby having a lower than normal birth weight.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests may be conducted to rule out other disorders of the liver, kidney, pancreas, intestine, and gastrointestinal tract.
- Hospitalization usually necessary for replacement of lost fluids and electrolytes (such as sodium and potassium). IV fluids are necessary when oral intake is not tolerated.
- Reduce stress whenever possible. Psychotherapy is often helpful to resolve emotional problems.
- You and your obstetric provider may discuss other treatment options such as acupressure or nerve stimulation device which have been used to alleviate motion sickness.
- Weigh daily. Report any unusual changes to your obstetric provider.
- Additional information available from: Hyperemesis Education and Research Organization, [www.hyperemesis.org](http://www.hyperemesis.org) and other web sites.

### MEDICATION

- Intravenous fluid and electrolyte replacement if your condition is serious. Intravenous vitamin therapy and antinausea drugs may be required.
- If other drugs are prescribed for you, carefully follow instructions on the label.
- Don't use any medicine, including nonprescription medicine to prevent vomiting, without medical advice.

### ACTIVITY

- Bed rest may benefit some patients.
- After recovery, resume activities slowly as your strength allows. Work and exercise moderately. Rest often.

### DIET

If the condition has not reached the point to warrant hospitalization for intravenous fluids, follow these instructions:

- If you feel nauseated in the morning, eat dry toast or saltine crackers before you get out of bed.
- Eat small, frequent meals.
- Don't eat fried or spicy foods; they increase nausea. Limit dairy products, especially butter, milk and cheese.
- Sit upright for 45 minutes after eating.
- If intravenous fluids are necessary, you will probably progress from them to a clear liquid diet, full liquid diet and then regular diet with small, frequent meals.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of hyperemesis gravidarum.
- Nausea, vomiting or weight loss worsen, despite treatment.