We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

The Rosie Hospital
Patient Information
Hyperemesis gravidarum (HG)
Who is the leaflet for? What is its aim?
This leaflet aims to give you information about hyperemesis gravidarum (HG), what it is and how it can be treated, to help you understand the condition.

It includes information on:
- the signs and symptoms
- aim of treatment
- how the condition is managed

What is hyperemesis gravidarum?
Nausea and vomiting in early pregnancy is very common and affects most women to some degree. It usually settles by 12-14 weeks, although it can last longer in some women. However, if the nausea and vomiting is severe and persistent to the extent that you are unable to keep food or liquid down, this is called ‘hyperemesis gravidarum’.

Hyperemesis gravidarum affects around 3 in 100 pregnancies and is associated with dehydration and more than 5% unintentional loss of weight. It generally clears after the first 16-18 weeks of pregnancy, but for some women it can continue throughout their pregnancy. It affects just a small percentage of pregnant women but there is a high risk of it recurring in future pregnancies.

We aim to treat you in on clinic 24 as an outpatient unless you are too unwell to be discharged after intravenous fluids and medication for vomiting, in which case you will be admitted to Daphne Ward for further care. If your symptoms persist after 14 weeks pregnant your care would be transferred to our maternity triage clinic 23 and if you require admission you will be admitted to Sara ward.
How will I be treated?
You will have a check-up that will include:
- A discussion about your symptoms:
  - how long you have had them
  - what you are managing to eat or drink
  - medications you are on
  - any weight loss
  - previous pregnancies
- a set of observations, including temperature, pulse, respiratory rate, blood pressure.
- height and weight
- urine test
- blood tests
- An ultrasound if no previous scan. This is to check how many weeks pregnant you are. It will also check for multiple pregnancies and to rule out a molar pregnancy.
- fluid replacement to correct dehydration:
  - This will be given through a drip in your arm.
- anti-sickness medication:
  - This can be given through a drip in your arm, as an injection or as a tablet.
  - This may either be cyclizine, promethazine or prochlorperazine.
  - You may need a combination of medications to control your symptoms.
- folic acid and vitamins
- You may be referred to the dietician for further support in managing your hyperemesis gravidarum.
- If you are admitted, you will be given a pair of anti-embolic stockings and an injection called a thromboprophylaxis (a preventative medicine with an anticoagulant) to reduce the risk of blood clots.

What are the causes?
The cause is unknown; however, it is believed to be due to hormonal changes in pregnancy.

What are the signs and symptoms?
- inability to keep down food or water
- unintentional weight loss
- dizziness and fainting
- prolonged and severe nausea and vomiting
- passing a lower volume of or more concentrated urine
- inability to swallow saliva
- feeling dry

How will it make me feel?
HG can be difficult to cope with. It can affect your mood, your work and your home situation. Friends and family support can help. If you are finding that you feel persistently down, please speak to your midwife.

What is the aim of treatment for hyperemesis gravidarum?
Treatment aims to:
- rehydrate
- break the cycle of vomiting that leads to dehydration
- ensure there are no other causes for the nausea and vomiting
Why do we test the urine of patients with HG every day?

During your assessment, (and admission if required) we will test your urine for the presence of ketones. Ketones are toxic acidic chemicals in your urine. Ketones are produced when you are unable to keep food down and your body has to break down fat for energy. Ketones are an indication of the severity of dehydration.

Advice for discharge

On discharge you will be given oral medication to help control the nausea and vomiting. We recommend that you take any medication you are given regularly and see the GP for repeat prescriptions.

Practical tips to help at home:

- Try eating little and often throughout the day.
- Take your time with meals: try to relax and eat slowly.
- Avoid fizzy or caffeinated drinks.
- Drink lots of fluids.
- Get some fresh air and exercise daily.
- Avoid wearing tight fitting clothes.
- Avoid triggers.
- Avoid rich, spicy or fatty foods.
- Cold food options may be easier to manage.

Contacts/further information

If you have any further queries at any time, please discuss these with your doctor or midwife.

Clinic 24 – Early Pregnancy unit.

Clinic 23 01223 217217

Sara Ward: 01223 217671

Pregnancy sickness support:

- [https://www.pregnancysicknesssupport.org.uk/](https://www.pregnancysicknesssupport.org.uk/)
- 024 7638 2020.

References

Royal College of Obstetricians and Gynaecology (RCOG)
National Institute of Clinical Excellence (NICE).