

Hyperemesis Gravidarum advice for women in early pregnancy

Information for patients



What is Hyperemesis Gravidarum?

Hyperemesis is severe nausea and vomiting in pregnancy that leads to dehydration and, in some cases, significant weight loss.

It affects 1 to 3 in 100 pregnant women.

Signs and symptoms

Symptoms can range from mild to severe and may include:

- Prolonged and severe nausea.
- Persistent and excessive daily vomiting.
- Inability to tolerate fluids and food.
- Tiredness.
- Feeling light-headed.
- Weight loss.
- Producing too much saliva (ptyalism).
- Low blood pressure and high heart rate (hypotension and tachycardia).

Will it harm my baby?

Hyperemesis is unpleasant with severe symptoms, but it's unlikely to harm the baby if treated and managed effectively.

There is no evidence to say that mild or moderate nausea and vomiting is harmful to your baby. More severe symptoms can be bad for your physical and mental health and may affect your baby's growth.

There is no evidence that any of the anti-sickness medicines are harmful to your baby.

What happens if I don't get treated?

Your condition may get better on its own, if the symptoms are mild. However, if the vomiting does not improve or stop and you are not able to eat or drink anything, it is important that you seek appropriate medical advice and treatment.

When will I need to come into hospital?

Firstly, you should seek advice from your GP.

If you have the following symptoms, you GP will refer you to the Gynaecology Triage Service:

- Severe vomiting.
- Unable to tolerate any fluids (oral intake less than 500mls) in 24 hours.
- Abnormal blood tests.
- Loss of weight or some co-existing medical conditions, such as heart or kidney problems or diabetes.

What shall I expect once in hospital?

When you arrive in hospital you will be asked to provide some of your personal information (i.e. your name, surname and date of birth), please bring the GP letter with you.

We aim to ensure that you are seen as soon as possible, however please be aware that waiting times are dependent on the number of people in triage and the severity of their conditions. A member of the nursing team will assess you, check your vital signs, ask you to provide a urine sample and take routine blood tests.

Depending on the severity of your condition we will insert a cannula and start some intravenous fluids. We will then give you some oral, intravenous or intramuscular anti-sickness medications.

Please attend triage as early in the day as possible, as we will aim to manage you as a day case admission. The earlier you attend triage, the more likely you will be discharged the same day.

If your symptoms do not improve during this time, we will admit you to the Gynaecology Ward for further management.

Which medications will I be offered?

There are many different anti-sickness medications you might be offered:

- Cyclizine can be taken orally or given by injection.
- Prochlorperazine can be taken orally or by injection, also by a tablet into the side of your mouth.
- Both medications above are considered to be safe in pregnancy. Occasionally, you may require a combination of two or more anti-sickness medications.
- Metoclopramide and ondansetron are other anti-sickness medications that may be prescribed. They can both be taken orally or intravenously. They are considered safe to use in pregnancy, however are usually used if the previous medications have not worked due to a small risk of side effects which your doctor or nurse can discuss with you.

For further information, you can read more on the BUMPS website: www.medicinesinpregnancy.org/leaflets-a-z/ondansetron

There are more options available if these anti-sickness medications do not work for you. Your doctor can discuss these with you.

What other medication will I be offered?

In addition to these anti-sickness medications, you might be offered vitamin supplements and antacid medication.

Discharge from hospital

Your oral intake needs to be greater than 500ml in 24 hours. You should be passing good amount of clear urine, you should feel better and not be experiencing any dizziness.

You will be discharged with 2 to 4 different anti-sickness medications, vitamin supplements and antacids (for heartburn), if needed. Ask your GP for a repeat prescription before your tablets run out.

There is a chance that your symptoms will return. If this happens, please contact your GP or midwife as soon as possible.

How should I take my medications at home?

You should take the anti-sickness regularly, especially for the first week after your discharge.

Do not wait to feel nauseous before you take them.

If you are prescribed more than one anti-sickness medicine some people find it helpful to take the different medicines spaced out throughout the day. For example if medicine 1 is prescribed three times daily you could take it at 8am, 2pm and 10pm. Then medicine 2 prescribed twice daily could be at 6am and 6pm. These are just examples, do what works for you.

Is there anything I can do to help myself?

- Eat dry biscuits, bread or cereal before getting up in the morning.
- Avoid greasy or spicy meals, instead eat foods like crackers, English muffins, toast, baked chicken and fish, potatoes, noodles, rice and low fat dairy products.
- Rest.
- Get out of bed slowly, and avoid sudden movements.
- Get plenty of fresh air.
- Keep rooms well ventilated and odour free.
- Try to relax and avoid stress.
- Drink little and often; drink fluid between meals rather than with meals.
- Have a snack as often as every hour or two during the day.
- Try and keep a positive attitude. Nausea and vomiting usually stops after the first 3 months of pregnancy.

Further support

Pregnancy Sickness Support

Pregnancy Sickness Support is the only UK charity dedicated to offering support and to those affected by pregnancy sickness and hyperemesis gravidarum.

The charity provides online and telephone counselling sessions to support those impacted by nausea and vomiting in pregnancy and hyperemesis gravidarum.

Website: pregnancysicknesssupport.org.uk

Telephone: 0800 055 4361

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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