



Nausea and Vomiting in Pregnancy / Hyperemesis Gravidarum

Frequently Asked Questions

What is Nausea and vomiting in Pregnancy / Hyperemesis Gravidarum?

Nausea and vomiting in pregnancy and Hyperemesis Gravidarum (HG) is the medical term for severe nausea and vomiting in pregnancy. The nausea and vomiting usually begins between the 4th and 6th week of pregnancy. It usually improves

Improves by the 15th to 20th week, although for some women it may continue on and off throughout pregnancy. Many women who are affected have frequent episodes of vomiting throughout the day.

What causes Nausea and Vomiting in Pregnancy?

The exact cause is not completely understood but studies suggest that a **hormonal cause** is very likely. It is generally agreed however, that the condition is likely to be related to a number of different factors.

Does anything increase the risk of Hyperemesis Gravidarum?

Yes, the following are known risk factors:

- Hyperemesis Gravidarum during a previous pregnancy
- Having a family history of Hyperemesis Gravidarum (H.G)
- Being overweight
- Being a first-time mother
- Having a multiple pregnancy (twins, triplets etc.)
- The presence of trophoblastic disease (an extremely rare condition that involves abnormal growth of cells inside a woman's uterus)



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Will my developing baby be at risk?

Normal morning sickness won't threaten your baby's well-being as long as you're able to keep some food down, eat a well-balanced diet, and drink plenty of fluids.

In more severe HG the developing baby is rarely affected by the mother's illness, although if prolonged there is some evidence that your baby is more likely to have a low birth weight but this is still not usually dangerously low.

There is no evidence that the effort of retching and vomiting harms your baby in any way.

What are the signs and symptoms of Hyperemesis Gravidarum?

- Nausea
- Vomiting
- Excessive saliva and spitting
- Fatigue (excessive tiredness)
- Weight loss
- Dehydration and symptoms of dehydration including: low blood pressure, racing heartbeat, headache and confusion.
- Ketosis

What is ketosis and what are ketones?

Your body normally uses glucose to meet its energy needs. Glucose comes from the carbohydrate in your diet. A healthy, balanced diet provides you with all the glucose your body needs, so that ketosis does not take place. However, if your body does not have enough glucose, perhaps because you are sick and not eating enough, it will begin to obtain energy from its stored fats instead. This is the process of ketosis. As a result of this, the ketone levels in your blood will rise and will be passed out of the body in your urine.

How will ketones be detected in my urine?

Ketones can be detected by a simple dipstick test of your urine. The test will show us if the levels of ketones are increasing or if your urine is ketone free.

How can ketosis be corrected?

The process of ketosis is corrected by rehydrating the patients and sometimes adding sugar and other minerals to the intravenous drip.

Will I need hospital treatment?

Women with nausea and vomiting in pregnancy can become quickly dehydrated and



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therefore need hospital treatment. When you come to hospital you will need to be assessed by the nursing and medical staff. The purpose of this assessment is to find out whether you fall into the small group of women suffering from Hyperemesis Gravidarum, to rule out other causes for your sickness and to determine if treatment is required.

What does the hospital assessment involve?

The initial assessment will be made by a trained nurse. You will need to:

- Tell the nurse what you have had to eat or drink for the last 48 hours.
- Provide a urine sample test for possible infection and look for ketones.
- Have your height and weight measured to assess any weight loss.
- Give a blood sample to examine the blood chemistry.
- Have an early ultrasound scan to assess your pregnancy (in very early pregnancy it is sometimes difficult to get a good view of the developing baby so a vaginal (internal) scan might be carried out to overcome this problem).

The nurse will discuss this with you before any scan procedure is carried out.

If the tests show that you are dehydrated then we will advise and recommend that you are treated.

What does the treatment involve?

The treatment will involve:

- Monitoring your food and fluid intake
- Starting intravenous fluids (a drip which feeds fluid straight into your bloodstream)
- Collecting all urine and vomit to measure how much fluid you are losing.
- Testing your urine to check for ketones.
- Regularly checking your blood pressure and heart rate (because dehydration can lead to low blood pressure and fast heart rate).
- Receiving medications either in tablet form or as an injection into your drip to help with:
 - Nausea – feeling sick
 - Vomiting – being sick
 - Indigestion/Heartburn
- Receiving a vitamin supplement either in tablet form or as an injection into your drip if admitted to the ward.
- Wearing compression stockings to help blood circulation and prevent thrombosis (a clot in the vein) and a small daily injection of an anti-coagulant (a drug that helps prevent blood clots from forming – also called a blood thinner), to prevent the development of thrombosis if admitted to the ward.

It is anticipated that in most cases the treatment will take approximately 8-10 hours



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What are the benefits of the treatment?

If left untreated Hyperemesis Gravidarum can lead to:

- Dehydration
- Weight loss
- Disturbances of the blood chemistry
- Malnutrition

Therefore the treatment will improve your condition and prevent serious illness.

How effective is the treatment?

Many women improve rapidly during each admission simply by resting and receiving intravenous fluid replacement (a drip). This is possibly due to the fact that dehydration contributes to nausea and fatigue.

Are there any side effects or risks?

As with any treatment in hospital there are some risks involved:

There is a very small risk of infection from the cannula (a small flexible tube inserted into a blood vessel) which allows an intravenous drip to be connected and administered. Your nurse will check the cannula regularly but it is important that you tell your nurse if your cannula begins to hurt or become inflamed.

Where will the treatment take place?

You will be admitted as a day - care patient and your treatment will take place on the Beech Ward.

What are the advantages of day-care treatment on Beech Ward?

- Same day discharge with no overnight stay, in most cases.
- No waiting for a ward bed, which means there is no delay in starting treatment.
- Treatment in a quiet and comfortable unit with recliner chairs.
- Dedicated nursing staff that are able to reassure you and offer advice on how to cope with and control your symptoms.
- Minimal disruption to your home life because your admission treatment can be planned in advance. This will allow you to plan and organize work commitments, child care, transport etc. which will reduce stress and anxiety.

When will I be discharged from Beech Ward?

After the treatment your nurse will make a further assessment to determine if you are fit to be discharged. You will be fit to go home if you are able to:



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- Drink and eat small amounts of food without vomiting
- If your temperature, blood pressure, heartbeat and respiratory (breathing) rate are within a normal range.
- The level of ketones in your urine is falling.

Will I have to stay in hospital if my symptoms don't improve?

If your symptoms don't improve we will inform the doctor who may decide to continue your treatment overnight. If this happens you will be admitted to a hospital bed on the gynaecology ward and will be reviewed by the doctor the following day.

Will I need to continue treatment at home?

Yes, you will be given anti-sickness tablets to take home. It is important to follow the instructions that come with the tablets and take them as prescribed. You will also be given information and advice on how to manage and control your symptoms at home.

What should I do if I become unwell again at home?

It is common for some women to have reoccurring symptoms. If you are:

- Unable to keep food and drink down for more than 24 hours
- Passing urine less frequently or your urine is unusually dark in colour.
- Losing or gaining little weight.

You will have been given a Helpline telephone number for the nurses on Beech Ward. Please call for advice and we will assess whether you need to return for further treatment.

Dietary Advice

- Eat and drink slowly
- Sip, ice cold water or suck on fresh ice chips.
- Eat small, frequent meals – nausea in pregnancy can actually be relieved by having food in the stomach. Don't get too hungry!
- Try ice lollies if you cannot tolerate a drink. You **MUST** try to maintain your fluid intake.
- Avoid milky drinks – these take a long time to digest and often worsen nausea.
- Nibble dry, plain food. Like plain biscuits, crackers or toast – sometimes a biscuit or cracker before getting out of bed in the morning can help.
- Avoid strong, spicy foods and flavours like onions and garlic.
- Avoid fried or fatty, greasy foods, they take a long time for your stomach to digest increasing the chances of vomiting.
- Reduce food odours, if possible have someone else prepare your food and try not to be in the same room where food is being cooked.



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- Avoid alcohol – although NEVER recommended in pregnancy alcohol may contribute to dehydration.
- Avoid smoking – harmful to your developing foetus and the fumes increase your chance of vomiting.
- Limit caffeine – it affects the gastrointestinal tract caffeine drinks are not usually hydrating.
- Don't lie down straight after eating; give your stomach at least an hour to settle.

What did I have today?

Breakfast	
Mid Morning	
Lunch	
Afternoon	
Evening	

How can I help to improve the Hyperemesis Gravidarum treatment service?

We welcome all comments, both good and bad, about the HG service. With your input we can make necessary adjustments which will improve women's experiences on Beech Ward.

Where can I find information about HG?

HER Foundation: www.hyperemesis.org

Morning Sickness Help: www.morningsicknesshelp.com



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NHS National Library for Health:

www.prodigy.nhs.uk/patientinformation/pils/pregnancyandsicknessandvomiting

About pregnancy and Childbirth: www.pregnancy.about.com

Baby Centre: www.babycentre.co.uk

Swindon Pregnancy Crisis Centre, Knighton House, 36 Milton Road, Swindon.
SN1 5JA. Telephone:- 01793 617799

Care Confidential: Telephone:- 0800 028 2228: www.careconfidential.com



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From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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