

# Severe nausea and vomiting in pregnancy (Hyperemesis Gravidarum)



REGION SJÆLLAND

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## **Nausea and vomiting in pregnancy**

Nausea during early pregnancy is common, with vomiting affecting up to half of pregnant women. A small proportion of pregnant women (0.5–2%) experience such severe nausea and vomiting that admission to hospital is required.

This condition is known as Hyperemesis Gravidarum. In this leaflet, from now on, referred to as “hyperemesis”.

Hyperemesis most frequently occurs between the 6th and 16th weeks of gestation but may last until the 20th week. In approximately 10–20% of cases, the condition continues throughout the entire pregnancy.

It is not fully known why pregnant women get hyperemesis though it is believed to be associated with pregnancy hormones and functional alterations in maternal organs, including the gastrointestinal tract.

### **Diagnostic**

At your first appointment at the out-patient hyperemesis clinic an initial examination will be done to assess how severe the symptoms are and to ensure they are not caused by something else.

This examination may include various things such as:

- Physical examination

- Measurement of body weight, including evaluation of weight loss relative to pre-pregnancy weight
- Blood pressure and pulse monitoring
- Urine analysis
- Blood tests to assess physiological impact

The aim of these examinations is to determine the degree of maternal physiological impact, to find the appropriate treatment, as well as to determine whether management can be done on an out-patient basis or if hospital admission is needed.

### **Maternal impact**

Mild cases of hyperemesis do not typically result in serious maternal complications. However, severe nausea and vomiting may cause insufficient caloric intake which may lead to weight loss, dehydration, and electrolyte imbalances (notably sodium and potassium). Vitamin deficiencies of vitamins (including A, B1, B2, B6, and B12) may also arise and potentially result in anaemia and other health issues. Prolonged symptoms may negatively affect maternal psychological well-being.

### **Fetal considerations**

It is important to point out that typical nausea and/or vomiting does not affect fetal growth or development. However, persistent symptoms and reduced food and drink intake may affect normal gestational weight gain. Insufficient maternal weight gain (less than 5–7 kg in women of normal pre-pregnancy weight) is associated with a small increased risk of fetal growth restriction or preterm birth. Therefore, you should contact your GP if nausea and vomiting significantly affect your food intake or your weight.

### **Advice for self-management**

If you suffer from nausea and vomiting, you may find the following advice useful:

- Avoid an empty stomach
- Consume small, frequent amounts of fluids, preferably with sugar content
- Eat small meals, such as nuts, dairy products, beans, and salted crackers, every 2–3 hours.
- Eat “dry” carbohydrates (e.g., crackers or crispbread) in bed when you wake up
- Eat cold foods, which are often easier to tolerate than hot foods
- Avoid strongly spiced, “smelly” or fatty foods

If you previously had hyperemesis, preventative treatment may be considered when the pregnancy is confirmed. We recommend that you speak to your GP or midwife about this.

### **Medical management**

If conservative measures are insufficient, the midwives in the Hyperemesis clinic can help to ensure sufficient hydration, vitamin supplementation, and may prescribe antiemetic medications. Acupuncture has been found to have a beneficial effect on symptom relief and is considered safe for both mother and baby. The use of antiemetics during pregnancy requires careful evaluation of potential benefits against risks to both mother and baby. A discussion about the most relevant treatment, the various options and the side effects should be undertaken with the doctor or midwife.

In cases of severe dehydration intravenous fluid therapy may be offered to restore electrolyte disturbance and alleviate symptoms.

### **Hospital admission criteria**

In severe cases of hyperemesis, it may be necessary to be admitted to hospital. Short-term admission for fluid replacement and antiemetic treatment is sometimes recommended, followed by close

outpatient monitoring. If the outpatient management is not enough, readmission may be required.

**If you feel worse**

If you have been or is currently in a treatment course for hyperemesis you will be advised regarding symptoms warranting prompt medical attention. These include worsening of symptoms (you may use the symptom monitoring chart to get an overview of your symptoms), abdominal pain, vaginal bleeding, or weight loss exceeding the planned thresholds.

**Practical information**

If you have any questions about your treatment or if you want to schedule acupuncture sessions, please contact the hyperemesis outpatient clinic:

Monday and Thursday  
07:30 – 14:30

Telephone: 59484259

Kind regards,  
Midwives and Doctors  
Holbæk Hospital

Gynækologisk/Obstetrisk Afdeling

Holbæk Sygehus

Smedelundsgade 60

Labour ward 05-3

Phone 59484293

Postnatal- antenatal ward 06-3

Phone: 59484300/59484302

[www.holbaeksygehus.dk](http://www.holbaeksygehus.dk)