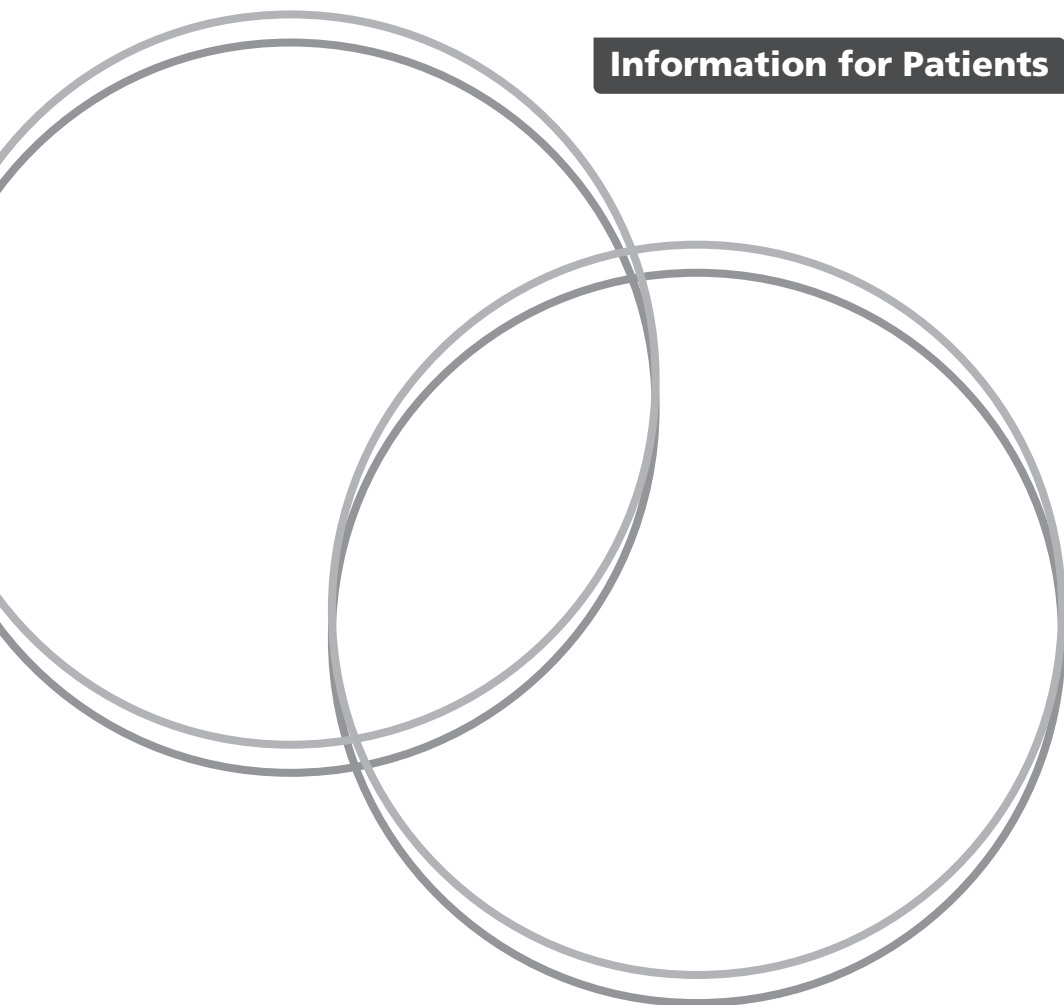


# Hyperemesis Gravidarum Advice for Women in Early Pregnancy

**Information for Patients**



# What is Hyperemesis?

Severe 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, light-headedness
- 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.

## **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?**

Your first line of action should be seeking 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
- Ketones 1+ or more in your urine
- Abnormal blood tests
- Loss of weight or some co-existing medical condition, such as heart or kidney problems or diabetes.

Come sooner rather than later, don't wait until the evening if you need treatment so that we can rehydrate you and establish your management plan going forward.

## **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.

Probably there will be some waiting, during this time we will check your vital signs, we will ask you to provide a urine sample and we will take some blood.

Depending from the stage 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.

If you are not fit for discharge by the end of the day, you will require inpatient admission onto the Gynaecology Ward.

## **What Anti-Sickness will I be offered?**

### **First Line**

Cyclizine, three times a day

Prochlorperazine, three times a day

*ADD Metoclopramide, three times a day, if required.*

### **Second Line**

Ondansetron, three times a day, if required.

*Please note:* recent studies suggest exposure to Ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and or cleft palate.

## **What other medication will I be offered?**

### **Vitamin Supplements**

- Thiamine (Vitamin B1) 50mg, three times a day
- Folic Acid 5mg, once a day if less than 12 weeks pregnant

### **Protein pump inhibitors**

This medication works to help reduce amount of stomach acid made

- Omeprazole 20 – 40mg, once a day

## **Upon and after discharge**

Your oral intake needs to be greater than 500mls, you should be passing good amount of clear urine with ketones 1+ or less, you should feel better and not experiencing any dizziness.

You will be discharged with at least two to four different anti-sickness, Thiamine and Folic acid and Antacids (for heartburn), if needed. Ask your GP for a repeat prescription before your tablets run out.

Your symptoms potentially may come back. If it happens, contact your GP sooner rather than later.

## **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.

When you wake up you can have the first anti-sickness (i.e. Cyclizine), after some hours - before lunch - you can take the second anti-sickness (i.e. Prochlorperazine). This should prevent you to have episodes of nausea and/or vomiting and help you to have a regular oral intake.

The nurse who will discharge you, will explain to you step by step how to effectively take the medications once at home. Please ask if you have further questions before leaving.

## **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
- Try ginger containing food or drinks
- 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
- Always 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**

Website: [www.pregnancysicknesssupport.org.uk](http://www.pregnancysicknesssupport.org.uk)

Tel: 02476 382 020

## Further Information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- easy read
- large print
- braille
- audio
- electronically
- in another language.

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

Authors: Gynaecology Triage and Ward  
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Oxford University Hospitals NHS Foundation Trust  
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