



Hyperemesis Gravidarum

A personal case



Nicola Howle, Mental Health Dietitian, South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Whilst pregnant I was diagnosed with Hyperemesis Gravidarum (HG), I felt that the condition was poorly understood by many of the healthcare professionals involved in my care. This article describes my lived experience of HG, with the aim of raising awareness and improving understanding of the condition.

HG can be defined as severe, prolonged vomiting in pregnancy, usually lasting up to 20 weeks gestation,¹ although it may continue until delivery.² HG is diagnosed by the presence of severe vomiting in the first trimester, electrolyte imbalance, dehydration and loss of 5% or more of pre-pregnancy weight, when other causes of vomiting have been excluded.³ Whilst nausea and vomiting in pregnancy affects up to 80% of pregnant women,³ HG affects 0.3-1% of pregnancies,^{1,2} with an 80% chance of the condition reoccurring in subsequent pregnancies.²

There is a wide variation in the care and management of HG sufferers.³ The recent publication of the Royal College of Obstetrics and Gynaecology guidelines for the management of HG³ aims to improve consistency of care. However, a recent Cochrane Review¹ found a limited evidence-base for treatment recommendations, with many of the studies included in the review being of poor quality or a unique trial design. None of the studies included in the review focused on diet or lifestyle changes. The authors concluded that it was difficult to make any treatment recommendations due to the lack of high quality evidence.¹ It is, therefore, unsurprising that the care of HG sufferers is variable and poorly understood.³

Symptoms

At first, I did not realise how ill I was. I recall joking about it being more like ‘any time of day sickness’ rather than morning sickness. But then the HG really started to kick in. It started off in a bit of a pattern; I would be sick in the evening on day one, then afternoon and evening the next, then be unable to keep any food down the day after, but still manage fluids for a couple of days, before I could no longer drink or even swallow my own saliva without vomiting. This quickly escalated the longer it went on; by the end I was only able to manage to keep food in whilst in hospital before the vomiting would start again. At my worst, I started being sick on my way home from hospital. The vomiting was often violent and projectile, it felt like someone had put a trampoline in my stomach as the food or drink would bounce straight back up. I was being sick over twenty times a day. In addition to the sickness, I was exhausted – all I did was sleep and vomit. I would even wake in the night to be sick. This pattern continued until I was 23 weeks pregnant. I, unsurprisingly, became dehydrated and lost weight – in total 8% of my pre-pregnancy weight.

Hospital admissions

I started to see my general practitioner (GP) as soon as I realised that my symptoms were not ‘normal pregnancy sickness’. However, oral anti-emetics had little effect on me, I would often vomit them straight back up. Quickly I required hospital admission due to dehydration, with urine ketones at 4+. I will admit I was terrified of being admitted to hospital, this was not helped by my GP who kept telling me how horrible the hospital wards are. I had 11 hospital admissions through my pregnancy all due to HG. Although I had a high number of admissions, it is not unusual for HG sufferers to be admitted to hospital, with HG being reported as the most common reason for hospital admission during pregnancy.²

Treatment

My standard inpatient treatment was intravenous (IV) fluids, with a combination of intravenous anti-emetics and intramuscular anti-emetics. My admissions varied from one to three nights at a time; the longer HG went on the longer it took to rehydrate and get on top of the sickness. Current guidance suggests that ambulatory day care involving IV fluids and anti-emetics is both acceptable to patients and reduces

the need for hospital admission,³ however, this was not available in my area. I felt stuck in a ‘revolving door’ of care; I had a treatment plan that worked as an inpatient, but nothing that helped once I was discharged. Hospital admissions started to become normal, as if I was just popping to the shops.

I became frustrated at the lack of ownership of my care. Although I was admitted under a consultant I never met him, despite repeated requests and none of the hospital team would make any decisions about my care outside of hospital. I was always discharged on the same ineffective medication I had been admitted with. As a patient, this was both disheartening and frustrating, especially as I knew I would be readmitted again. At times, I felt like none of them cared and no one would take responsibility for my care. Throughout my admissions I had some interesting conversations with doctors, these were mostly on the days when I had been rehydrated. I was always too weak and sick to argue on admission and, frankly, I would have done anything for an IV. However, when I felt well I would challenge a lot of what they told me, which included being told HG was diet-related and that it was the cheese making me sick! I was told that as a Dietitian I should know this. I felt confident that given I could not drink water without being sick, and that there was no dietary pattern to be seen, that it was not cheese or anything in my diet causing the problem. I also became very quickly annoyed with the suggestion to eat ginger biscuits; whilst ginger containing foods may help with nausea³ in the face of HG they are sadly useless.

Psychological effects

HG can negatively affect a woman’s psychological wellbeing, as well as her physical health.² For me the psychological effects of HG were nearly as bad as the physical effects. Feelings of depression and relationship problems are commonly reported.² A small case control survey found that the negative consequences of HG may continue past pregnancy, with increased anxiety, inability to breastfeed and lack of self-care being reported.⁴ Two further small case control studies found significantly higher depression and anxiety scores in the cases with HG than controls.^{5,6} I struggled with the loss of my role. I am passionate about my job, however, there was no way I was able to work with HG.

“HG can negatively affect a woman’s psychological wellbeing, as well as her physical health.²”

I tried to work from home in between hospital admissions. I was desperate to be well and return to my 'normal' life, which I failed miserably at. I feel incredibly grateful to have such an understanding manager, who put up with my futile attempts at returning to work.

I was also unable to properly care for myself. Showering was a mammoth task, the energy needed was just too much. I could barely manage the trips between my bedroom and bathroom, let alone walk my dogs, or see friends or family. I became increasingly isolated, although I received lots of messages of support I found it difficult to maintain much of a conversation. I was always sick or in hospital when people called to see how I was. In hospital, I stayed on a ward with new mothers. Visiting times on the ward were set up to protect them from being over whelmed by visitors, which meant most of my friends and family were unable to visit. I often felt alone and afraid, not knowing when it would end. With a seemingly endless cycle of hospital admissions, my due date seemed very far away. I was miserable.

Support

Part way through my active illness I learnt about **Pregnancy Sickness Support**, which are a charity who offer support, advice and guidance to HG sufferers and healthcare professionals. I contacted them out of desperation; I couldn't figure out how to stay well outside of hospital. However, the medical team rejected their suggested treatment plan, saying it needed to be a consultant decision. At the time, this felt like no one would take responsibility for my care. I was never able to see the consultant I was under and was told no other consultant would make that decision. It was infuriating. I felt like no one really cared and that I was just getting in the way. I had numerous debates about this, but the end result was the same: no change in treatment plan and I continued the cycle of repeated admissions. The Pregnancy Sickness Support team offered a peer supporter, someone who has been through a HG pregnancy. I agreed to be matched with a volunteer, we exchanged stories by text and she contacted me most days to see

how I was and where I was. She was a fierce supporter and was keen that I have someone to speak for me in hospital, I think she was as frustrated as I was. She even visited me in hospital, I could not have been more grateful. I only wish that I had known about their service sooner, none of the healthcare professionals I had contact with knew anything about them.

Recovery

Overnight my HG went, it just stopped, I have no idea why, there was no change in my medication regime, it felt too good to be true. As HG had progressed I became increasingly scared to eat, I knew I was going to be sick so what was the point? So, when the sickness stopped it took me a long time to eat normally again. I had and continue to have flashbacks of the sickness; I can literally taste, feel and smell the vomit from some of the more horrific episodes. I am not alone in this. A case control survey of women with and without HG found that 18% of women with HG met the full criteria for post-traumatic stress symptoms.⁴ This may be due to feelings of suffocation from continual vomiting, leading to flashbacks and increased anxiety around food.² There are some foods which I cannot face thinking about, let alone eat, due to the violent way they came back up. When it was over I could not really believe it, I began to build my confidence back in eating and drinking, eating small amounts of the blandest foods. I received no support from healthcare professionals at this time. I was getting into repeated arguments with my husband who was desperately trying to feed me up, we had more than one disagreement about the size of a spoon. Eating out was another hurdle I had to face. I started small, meeting a friend for coffee but only after checking out where the toilets were, just in case. Eventually, over a period of weeks, I regained my confidence in eating, but it was a struggle. If I did not love food so much, I am not sure I would have bothered. Although I got back into my normal eating habits, I remained in fear it would return.

HG was one of the worst experiences of my life during what should have been a happy time. I am thankful to say that our baby was born healthy despite this.

References: **1.** Boelig RC, et al. (2016). Interventions for treating hyperemesis gravidarum. Cochrane Database Syst Rev; (5): CD010607. **2.** Dean C (2014). Helping women prepare for hyperemesis gravidarum. British Journal of Midwifery; 22(12): 847-852. **3.** Royal College of Obstetricians & Gynaecologists (2016). The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum. Green-top Guideline No. 69. Accessed online: www.rcog.org.uk/globalassets/documents/guidelines/green-top-guidelines/gtg69-hyperemesis.pdf (Jan 2017). **4.** Christodoulou-Smith, J, et al. (2011). Posttraumatic stress symptoms following pregnancy complicated by hyperemesis gravidarum. Journal of Maternal-Fetal & Neonatal Medicine; 24 (11):1307-1311. **5.** Duman NB, Ozcan O & Bostanci MO (2015). Hyperemesis gravidarum affects maternal sanity, thyroid hormones and fetal health: a prospective case control study. Archives of Gynecology and Obstetrics; 292(2): 307-312. **6.** Annagür BB, et al. (2014). Are there any differences in psychiatric symptoms and eating attitudes between pregnant women with hyperemesis gravidarum and healthy pregnant women? The Journal of Obstetrics and Gynaecology Research; 40(4): 1009-1014.

Tips to support a HG sufferer:

- Signpost to Pregnancy Sickness Support charity, www.pregnancysicknesssupport.org.uk encourage use of peer supporter
- Consider outpatient use of IV anti-emetics and fluids to prevent hospital admissions
- Consider open visiting to enable family and friends to provide emotional support during admissions
- Where possible use side rooms for admission, rather than general bays
- Offer support to return to usual eating habits once HG has resolved