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MORNING SICKNESS AND HYPEREMESIS

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MORNING SICKNESS AND HYPEREMESIS

Nausea and vomiting in pregnancy is extremely common. It is usually referred to as “morning sickness”, however nausea and vomiting can occur at any time of day.

Studies estimate that nausea and vomiting occurs in 50 to 90 per cent of pregnancies. For the majority of cases morning sickness is not a serious condition and it does not place you or your baby at any risk.

The most severe form of nausea and vomiting in pregnancy is called ‘hyperemesis gravidarum’. This condition can place you and your baby at some risk as the nausea and vomiting prevent you from retaining and utilising food and fluids.

Hyperemesis occurs in approximately one per cent of pregnant women. It can start between four to six weeks of pregnancy. Symptoms usually improve from about 15 to 20 weeks but can occasionally last the entire pregnancy.

Distinguishing between morning sickness and hyperemesis gravidarum:

Morning Sickness

- Nausea sometimes accompanied by vomiting. Nausea that subsides at 12 weeks or soon after.
- Vomiting that does not cause severe dehydration.
- Vomiting that allows you to keep some food down.

Hyperemesis Gravidarum

- Nausea accompanied by severe vomiting.
- Nausea that does not subside.
- Vomiting that causes severe dehydration – decrease in urine output.
- Vomiting that does not allow you to keep any food down causing electrolyte imbalance
- Weight loss of 5% or more of prepregnancy weight
- Headaches, confusion, fainting, jaundice

If you are diagnosed with hyperemesis gravidarum, a plan of care to promote a healthy outcome for you and your baby can be developed. It is important to receive treatment early to prevent any potential complications.

Every woman and her pregnancy are different and therefore treatment varies. Mild cases of hyperemesis gravidarum can be simply controlled by a change in diet, rest and antacids.

More severe cases often require hospitalisation, involving close monitoring of food/liquid intake and output. Careful rehydration is provided via an intravenous drip.



DO NOT take any medications to solve hyperemesis gravidarum without first speaking to your health care provider.

TIPS TO RELIEVE SYMPTOMS

Dietary Modification Suggestions:

- Eat frequent small meals every two to three hours
- Speak to your doctor about your symptoms and how they affect you. They may recommend a safe and effective medication to treat your nausea and/or vomiting and to prevent the progression of the condition
- Speak to a dietitian about ensuring the nutritional adequacy of your diet during pregnancy and nutrition strategies to improve nausea and vomiting symptoms
- Eat dry crackers 15 minutes before getting out of bed in the morning
- Do not skip meals needlessly
- Drink fluids half an hour before a meal or half an hour after a meal.
- Avoid drinking with your meal to prevent becoming overfull
- Drink about eight glasses of liquid during the day to avoid dehydration
- Try eating cold food rather than hot food (cold foods have less odour)
- Avoid spicy foods
- Avoid foods high in fat
- Protein-containing snacks are helpful (e.g. yoghurt and fruit; wholegrain crackers with sliced cheese)
- Sugar free mineral waters or soda waters can assist in settling nausea
- Herbal teas containing peppermint or ginger or other ginger-containing beverages may ease nausea
- If odours bother you while cooking, try to improve ventilation in your kitchen area
- If possible, ask someone to assist you in the preparation of your meal.

Activity

- Limit noise, light, odours, and stimulation from others
- Nausea and vomiting may worsen when you are fatigued.
- Try to increase resting periods and take more naps during the day.



Alternative Treatments

While the severe vomiting associated with hyperemesis gravidarum requires medical attention, milder conditions of nausea or vomiting may be reduced with deep breathing and relaxation exercise.

Vitamin B6 and ginger products (crystallised ginger, ginger lollies, ginger ale, tea or raw ginger) are the non-drug products of choice. Talk to your pharmacist about the correct dose of Vitamin B6.

Wristbands can be used on acupressure points on the wrists (two finger breadths down from the 'pulse point' on the outside of the wrists). These can usually be purchased from a chemist as a treatment for motion sickness.

Some people have also found regular acupuncture treatments reduce nausea and vomiting. However, it is essential that the practitioner is qualified and experienced in the area of maternity care.

If you are taking other medications please speak to your pharmacist or doctor.

CONTACT YOUR DOCTOR IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Abdominal pain, bleeding, or cramping
- Visual changes
- Difficulty walking or talking
- Extreme tiredness and very low energy
- Shortness of breath
- Dizziness and/or fainting
- Moderate or severe headache and/or fever
- Muscular weakness or severe cramping in legs
- Repeated dry retching and vomiting
- Severe nausea that keeps you from eating and drinking
- Passing urine in small amounts and less often than usual
- Dark yellow and smelly urine
- Blood stained or yellow/green with bile vomit
- Weight loss of one kilogram or more in a week.

References

Mater Mothers Hospital Patient Information. Morning Sickness and Hyperemesis. May 2010

<http://www.sosmorningsickness.org/faq.html> <http://emedicine.com/med/topic1075.htm>

<http://www.hyperemesis.org/hyperemesis-gravidarum/>

<http://www.americanpregnancy.org/pregnancycomplications/hyperemesisgravidarum>

