

Plain language summary

Hyperemesis and Nausea/Vomiting in Pregnancy

Who is this summary for?

This summary is relevant to all pregnant women who experience nausea and vomiting or hyperemesis in pregnancy and their support partners and families. It is also relevant to those who have experienced nausea and vomiting or hyperemesis in pregnancy before and are now planning or considering another pregnancy.

What is this summary about?

This is a summary of the National Women and Infants Health Programme guideline for the management of nausea and vomiting and hyperemesis in pregnancy.

What is nausea and vomiting or hyperemesis in pregnancy?

Nausea and vomiting are pregnancy sickness symptoms. Hyperemesis is a severe form of pregnancy sickness. It affects a small percentage of women in pregnancy. Pregnancy sickness symptoms, especially hyperemesis, can make it difficult to eat, drink and stay well in pregnancy. If untreated, these symptoms may affect the health of the mother and growing baby.

How are women diagnosed with hyperemesis and nausea/vomiting?

A diagnosis of nausea and vomiting in pregnancy is based on symptoms. Women are diagnosed with hyperemesis if they have nausea and or vomiting, one of which is severe, are unable to eat or drink normally and the symptoms impact quality of life. Scoring systems can help to assess how severe symptoms are.

Why should women with nausea and vomiting or hyperemesis seek support during pregnancy?

Women with nausea and vomiting or hyperemesis should seek support during pregnancy because there are several treatments that have been shown to help with these symptoms. Left untreated, the symptoms can affect the health of mothers and their babies. Getting enough food and fluid is important for staying well and supporting growing babies. Nausea, vomiting and hyperemesis can cause weight loss which is generally not recommended in pregnancy and may affect the growth of babies. The symptoms may also lead to low levels of nutrients such as iron or folic acid in the mother, and levels may need to be replaced. Dehydration must be corrected, and a treatment plan developed to help prevent it.

Where should women with nausea and vomiting or hyperemesis seek support during pregnancy?

Women should attend their general practitioner or healthcare provider to get access to appropriate treatments and advice if they have mild to moderate symptoms, are not dehydrated and are able to keep some food and fluid down. Women should attend the maternity hospital/unit's emergency department if they are not able to keep food or fluids down, are concerned about risk of dehydration, are eating little to nothing for 3-5 days, have moderate to severe symptoms not responding to treatment, have been advised to come by their healthcare provider or have other related concerns. Women with nausea and vomiting or hyperemesis may need to stay in hospital to get the right support and treatment.

What should be discussed with women who have nausea and vomiting or hyperemesis?

Women with nausea and vomiting or hyperemesis should be asked about their symptoms (nausea, vomiting and dry retching), food and fluid intake over the last 3-7 days, weight loss, impact of symptoms on daily living and well-being, any treatments tried to date and medical history.

Making changes to the foods and fluids consumed and rest are part of the treatment of nausea, vomiting and hyperemesis and should be discussed with women.

Women should be advised that there is an approved flow chart to guide prescribers on medications that are considered safe and effective in the treatment of symptoms.

Women with nausea and vomiting or hyperemesis who are started on medications should have the risks and side effects explained to them. How to take medications including doses, timings, durations of scripts and tolerance should be discussed. Women should be advised what to do if symptoms improve (including how to wean down on medications appropriately) or if they worsen (when to return for another assessment and potential change of medications). How to avail of reimbursement for medications as appropriate should also be discussed.

Women should be told when and where to reach out for more medical, nutritional, mental health or other support as needed.

How should women with nausea and vomiting or hyperemesis be cared for during their pregnancy?

Women with nausea and vomiting or hyperemesis may be cared for as an out-patient, day-ward case or a hospital in-patient within maternity services.

Who might be involved in the care of women with nausea and vomiting or hyperemesis?

General practitioners, obstetricians, midwives, dietitians, mental health professionals and pharmacists may all be involved in the care of women with nausea and vomiting or hyperemesis.

Where to go for more information?

<https://www.hyperemesis.ie>

<https://www2.hse.ie/conditions/hyperemesis-gravidarum/>

<https://www2.hse.ie/conditions/morning-sickness/when-get-medical-advice/>

<https://www.pregnancysicknesssupport.org.uk>

