

NAUSEA & VOMITING IN PREGNANCY

What is Hyperemesis Gravidarum (severe morning sickness)?

Hyperemesis Gravidarum is a severe form of nausea and vomiting during early pregnancy. One of the pregnancy hormones is thought to be one of the main causes. Levels of this hormone usually falls after 12 weeks and in most patients the nausea and vomiting will get better or stop.

How is Hyperemesis treated?

We may need to do urine and blood tests. This will help us find out how badly you are dehydrated and if there are other causes for your symptoms. It will also help us decide how much fluid and medication you need. We may need to repeat some of these tests to make sure the treatment is working.

The hospital treatment includes anti-nausea medication (anti-emetics) and intravenous fluids (fluids given into your veins). Hopefully this will help you feel a lot better, but it may take some time to work. Some people might need a few doses of medication. If you feel better, you will be discharged with follow-up with your LMC (Lead Maternity Carer) or GP. If you do not start to feel better or if you are quite unwell, you will be kept in hospital overnight for more fluids and medication.

Most people do not need to be admitted to the hospital

Once you are at home you can take oral anti-nausea medication. The main thing to worry about is dehydration (*loss of too much fluid from the body*). There are some helpful dietary tips on the back page.

FREE local services: POAC (Primary Options for Acute Care)

If you struggle to keep hydrated at home, there is a system in place called 'Primary Options' which makes it possible for you to be treated in the community at **no cost to you**.

You can present to any of the clinics listed (Your doctor or CNS will give you a list when you are discharged). As long as you take your discharge letter with you the treatment will be FREE. The treatment is only for vomiting in pregnancy, and is valid for the duration of your pregnancy.

Use the POAC system or see your GP if

- your vomiting remains bad, or gets worse
- you are feeling very thirsty / dry mouth
- you are making a lot less urine than usual
- you are unable to keep fluids down

POAC providers WEST

White Cross Henderson	09 836 3336
White Cross New Lynn	09 828 8912
Health New Lynn	09 827 8888
Westgate Medical Centre	09 833 3134

POAC providers NORTH

Shorecare – Smales Farm	09 486 7777
Shorecare – Northcross	09 486 7777
White Cross Glenfield	09 444 5040
Coastcare A&M (Red Beach)	09 427 9130
Coast to Coast Healthcare	09 423 8086
Apollo Medical	09 477 3700
Silverdale Medical	09 427 9997

DANGER SIGNS - When to call an ambulance or come to the Emergency Department

If you notice:

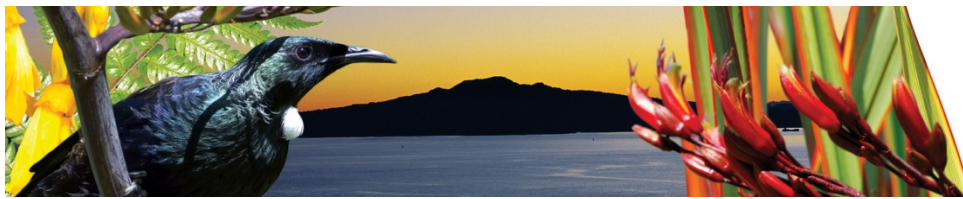
- Racing heart or palpitations
- Confusion or lose consciousness
- If you or your family are concerned

Or if you:

- Very lethargic or sleepy
- Strong (severe) stomach pains
- Pale and sweaty



DIAL 111 for an AMBULANCE



Dietary tips

- Eat slowly and regularly.
- Have a small meal/snack every 2-3 hours. Hunger can make the nausea and vomiting worse.
- Try eating a biscuit or crackers before you get out of bed.
- Choose foods that contain carbohydrates (examples below). Carbohydrates are important as our bodies use them for energy. If too little carbohydrate is eaten your body breaks down its own muscle stores which lead to the production of ketones. Ketones in the blood cause an increase in nausea, so stopping this cycle is important.
- Replace snacks and meals with foods which are full of protein, salty, low fat, bland and/or dry such as nuts, pretzels, crackers, cereal and toast. Small carbohydrate meals such as crackers or dry toast may help.
- Try to avoid coffee, spicy, smelly, high fat, fried, acidic and very sweet foods.
- Follow food safety recommendations to avoid the risk of food poisoning (see additional pamphlet on Listeria.)
- Relax, sit upright and wear loose clothing while eating. If the smell of food affects you, minimize the time spent cooking strong smelling foods or get others to help you with meals.
- Foods that are helpful or unhelpful with nausea and vomiting in pregnancy are individual (people react differently). Some foods may be helpful to some women and not others.
- For more information please ask to be referred to the hospital Dietitian. There is also more information on the other pamphlets in the 'Hyperemesis Nutrition Information Pack.'

Foods that are well tolerated & high in carbohydrates			Other well tolerated foods
Mashed potatoes	Dry salty crackers	Boiled sweets or Barley sugars	Plain vegetables
Potato chips	Rice crackers	Plain scones / muffins	Tinned or fresh fruit
Dry toast	Jelly	Diluted fruit juice	Foods with ginger
Plain sweet biscuits (ginger nut biscuits)			

Fluid / hydration tips

- Avoid becoming dehydrated. Drink small amounts of clear fluids often. You should drink fluids at least 30 minutes before or after solid food. This is so you do not feel full after eating food.
- If you cannot drink liquids, suck on ice cubes or ice blocks. Aim for 30ml (2 tablespoons) of fluids every 15 minutes to stay hydrated.
- Fluids that are cold, clear and carbonated (fizzy) or sour are better tolerated. Examples: watered-down fruit juice, ginger ale, lemonade, and ice blocks/popsicles or ice chips. Sip small amounts of electrolyte-replacement sports drinks (like powerade) which replace both fluids and electrolytes.
- Nutrition supplement drinks can be helpful when you are struggling to eat food. 'Complan' and 'Vitaplan' are available in the supermarket. 'Fortisip' or 'Ensure' are available from the pharmacy.
- When you are reviewed by the hospital Dietitian they will assess if "Fortisip Powder" or "Ensure Powder" is appropriate to be given on prescription (this requires a special authority number from the Dietitian or consultant doctor).

The secret is to take small amounts regularly e.g. taking a sip or two (10-20 mL) every 5 minutes. That way if you keep on doing it you will be able to keep the fluid down. You will be surprised how much fluid you can take in like this. Drinking a lot at once can often bring on vomiting.

If you have any questions or concerns, please let your Nurse, Clinical Nurse Specialist or Doctor know.