

# Medication Management for Hyperemesis Gravidarum

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Taking medications during pregnancy is distressing for women as most fear they will hurt their baby(ies). Medication use may thus be inconsistent and a mother's condition will likely worsen. It is important for mothers to understand the risks of untreated hyperemesis gravidarum (HG) on herself and her child including chronic dehydration, malnutrition, metabolic and emotional stress, as well as reduced mobility.

Importantly, most studies find medications commonly used for HG do not significantly increase the risk of fetal malformations or loss. Studies also suggest women who lose less weight have better outcomes, and medications are safer than parenteral (IV) nutrition. Mothers are acutely aware that medications may pose risks, and will generally avoid them unless necessary. Therefore, it is unproductive for health professionals to wait for

severe symptoms to develop or require her to exhibit distressing symptoms to confirm she needs medication.

It is important to not only decide on the correct medication(s), but also to make sure a medication is being tolerated and taken correctly for optimal effectiveness. Some medications can be made into a different form, such as a cream or suppository, by a compounding pharmacy. Others are available as oral disintegrating tablets, patches, or rapidly dissolving films. Try the most effective medications in different forms before trying or adding different medications.

Early pregnancy symptoms are challenging to manage as symptoms generally increase until about 12 weeks. Responsiveness to medications is influenced by many factors including hydration and nutritional status, genetics, symptom severity, and medication

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interactions. These must be considered when assessing medication response.

### Essential Medication Strategies

Mothers with hyperemesis face a number of challenges beyond nausea and vomiting that can be difficult for others to understand, including profound fatigue, sleepiness, weakness and pain. Knowing she is not alone can be very reassuring and helpful.

- Be cautious with medication changes. Medications may seem ineffective until the medication is discontinued and then symptoms dramatically worsen. Consider adding medications instead unless there are interactions or unmanageable side effects.
- Multiple medications are often required to adequately counter the multiple stimuli triggering the vomiting center in the brain.
- Most medications are more effective in higher amounts (e.g. Zofran/ondansetron), and if taken non-orally on a consistent schedule, not as needed (prn).



- Dispensing medications more frequently (e.g. every 3 hours instead of every 6 hours) or continuously (by IV or subcutaneous infusion, or transdermal patch) may be more effective and tolerable.
  - Changing medication routes (e.g. oral to IV or subcutaneous infusion) can dramatically enhance its performance. Oral medications rarely provide relief if there is intractable vomiting.
  - If a medication yields minimal improvement after 2-3 days, consider trying via another route and/or in combination with another medication.
  - Adequate hydration and correction of electrolyte and micronutrient deficiencies (e.g. thiamin) are critical for symptom relief and determination of medication response.
  - Educate on medication effects and prevention of side-effects, especially those worsened by pregnancy or HG (e.g. constipation, anxiety), to prevent additional complications and unnecessary discomfort.
  - Treat co-occurring conditions early (e.g. reflux, constipation).
  - OB consults should be done before pregnancy and again as soon as pregnancy is confirmed to establish a plan of care when HG risk is high or there is a family history of HG.
- Women who present with symptoms before 8 weeks are likely to get worse before the next scheduled visit. Set up contingent treatment in advance (e.g. earlier follow up, prescriptions on hold, direct contact number, guidelines on going to ER, etc.).
  - Every pregnancy is different so medication response varies, but the severity of hyperemesis, as well as the duration, often is similar or greater.
  - Treat quickly and more aggressively if there is early symptom onset, greater severity, or prolonged duration.
  - Minimizing changes to doses and medication regimen when women begin improving often helps prevent relapse.
  - When symptoms have resolved after the first trimester, wean each medication slowly over a few weeks to avoid relapse. If symptoms reappear, return to the dose that was effective and consider weaning again after a few weeks without symptoms.
  - Trying to wean repeatedly and prematurely may cause refractory symptoms.
  - Even those with symptoms but a normal diet and activity some days may benefit from a low dose of medication until asymptomatic to avoid relapse, fluctuations, and debility.

### QUICK TIPS

1. If a personal/family history of HG, treat at the onset of symptoms.
2. Effectiveness may improve with increased dosage or frequency, changes in route (non-oral, infusion) or medication combinations.
3. Scheduled vs as needed dosing frequently improves response.
4. Metabolic imbalance and dehydration greatly reduce effectiveness.
5. Side-effects are better prevented than managed.
6. Changing medications abruptly or frequently may worsen symptoms especially in the first trimester.
7. Wean slowly after 2 weeks of adequate intake and few symptoms.
8. Medications may be needed daily until delivery for stability.
9. Women can offer valuable insight into their care.
10. HG is traumatic so treat with compassion and refer to HER support.

“Trying the most effective medications in different forms is often more beneficial than trying different medications.”

- Women are very helpful in guiding their medication needs, especially if they had HG previously. Most prefer to discontinue medications as soon as possible.
- HG is traumatic and women are comforted by having early access to medication to avoid severe symptoms. Women may take less medication knowing they can get relief when needed, which also decreases risk and cost.

### HER FOUNDATION RESOURCES:

- Research - [hyperemesis.org/research](https://hyperemesis.org/research)
- Medication info - [hyperemesis.org/meds](https://hyperemesis.org/meds)
- Support - [hyperemesis.org/support](https://hyperemesis.org/support)
- Clinical Tools - [hyperemesis.org/tools](https://hyperemesis.org/tools)

### SELECTED REFERENCES:

Comparison of Pregnancy Outcomes of Patients Treated With Ondansetron vs Alternative Antiemetic Medications in a Multinational, Population-Based Cohort. *JAMA Netw Open*. 2021 Apr 1;4(4):e215329.

Risk factors, treatments, and outcomes associated with prolonged hyperemesis gravidarum. *J Matern Fetal Neo Med*. 2012 Jun;25(6):632-6.

Posttraumatic stress symptoms following pregnancy complicated by hyperemesis gravidarum. *J Matern Fetal Neo Med*. 2011 Nov;24(11):1307-11.

Symptoms and pregnancy outcomes associated with extreme weight loss among women with HG. *J Women's Health*. 2009 Dec;18(12):1981-7.

**DISCLAIMER:** This brochure is not medical advice. Consult your health professional before changing your diet, lifestyle or medical treatment.