

WHEN YOUR LOVED ONE HAS HYPEREMESIS GRAVIDARUM

Only women who experience hyperemesis truly understand its profound effects on every facet of their lives ... your help is vital to their survival!

Hyperemesis Gravidarum (HG) is often very overwhelming and greatly impacts not only her but also your family. At a minimum, it will disrupt her daily activities and make it difficult or impossible to fulfill many of her responsibilities. It may also result in job loss, as well as render her completely dependent on those around her. Most women are ill for at least three or four months; some experience symptoms and debility until delivery. It can be very traumatic emotionally and many families will choose to forego future pregnancy plans. Often, proactive and aggressive treatment can alleviate much of her misery and lessen the adverse effect on everyone. Finding a proactive health care professional,

Food Aversions/Cravings

One of the most common experiences among women with HG is food aversions and cravings. She may have intense and bizarre cravings and aversions that those around her need to accept and support. HG is not something she can control if she tries harder, and ignoring her very specific and unusual preferences can greatly worsen her condition. The primary goals during HG are staying hydrated and mobile, and optimizing food intake as much as possible. She may feel desperate to find anything she can eat, but also terrified at the thought of vomiting again. Be understanding and fulfill her food cravings quickly.

Hyperemesis Gravidarum (HG) is a debilitating and potentially life-threatening pregnancy disease marked by rapid weight loss, malnutrition, and dehydration due to unrelenting nausea and/or vomiting with potential adverse consequences for the newborn(s).

however, can be a challenge. HER has a Referral Network to assist you. (GetHelpNow@HelpHER.org) This guide will provide ideas for coping with this condition. Hopefully, it will also empower you and her to make informed decisions and survive HG with less suffering and trauma.

Typical Challenges

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, difficulty thinking, and pain. Knowing she is not alone can be very reassuring and comforting.

Hypersensitive Smell

Another almost universal challenge with HG is hyperolfaction, which means her sense of smell is greatly increased. She may smell what others don't. It can be frustrating and distressful. Along with an increased sense of smell, are changes in taste. Some foods may have strange textures or tastes to her and become aversive. It is not something she can control. Try to identify and avoid the triggers of her nausea/vomiting. This may mean avoidance of the kitchen, riding the subway, being around smokers, traveling, eating away from home, changing diapers, etc. Unfortunately, there is no known treatment other than time. Often HG eases by mid-pregnancy, but many women have some triggers until delivery.

With all of these challenges, aggressive care to decrease her vomiting and nausea can decrease the intensity of HG, making it easier for her to cope. Some medications (e.g. Zofran) may reduce sensitivity to odors and motion, as well as food aversions. The more severe her symptoms are, the more sensitive she will be to triggers of nausea and vomiting. Eliminating as many triggers as possible from her environment is very important.

Common Causes of Depression, Guilt, Anxiety and/or Frustration

The following list includes common causes of depression, guilt, anxiety and/or frustration. Knowing these can help her and family/friends cope during this difficult time.

- Lack of understanding & support
- Inability to have a 'fun', healthy pregnancy
- Painful and potentially risky treatments
- Employment and financial stress
- Putting life "on hold" and isolation
- Longing to eat and drink normally
- Irritability, fatigue and lack of enjoyment
- Memory loss or inability to think clearly
- Burden of care and time on others
- Inability to care for family and prepare for baby
- Thoughts of terminating to end the misery
- Loss of hope that symptoms will end
- Weight loss or inadequate gain
- Inability to cope or function
- Fear of harming baby or dying

Typical Triggers of Nausea/Vomiting

Eliminate or minimize as many of these as possible:

- Blinking/bright lights
- Sight/thought/smell food (e.g. TV, stores)
- Noise (e.g. TV, kids)
- Toothpaste
- Motion (e.g. travel)
- Standing or sitting
- Empty or overly full stomach
- Odors (e.g. scented cosmetics, cleaners)
- Sleeping with a partner (smells and motion)
- Prenatal vitamins

Survival Strategies for HER

The following strategies make surviving HG easier.

- Take it one day at a time and just do all you can to make it easier. Don't focus on how many weeks you have left or how you will deal with another day of being sick.
- Give yourself permission to rest as much as you need, and listen to your body.
- Do whatever is necessary to cope, including quitting your job or hiring help (e.g. teen, doula).
- Avoid major stressors such as moving and new jobs until you have recovered.
- Ask for help. Make a list of ways others can help and let them choose according to their skills and schedule.
- Arrange for someone to visit or call often to avoid depression and isolation.
- Ask others to drive you to appointments and stores to avoid fatigue and public transit.
- Order groceries, gifts and necessities online.
- Talk to your doctor about using apple juice or jelly beans (medical studies show this is acceptable) instead of Glucola to test for gestational diabetes.
- Purchase Ketostix from a drug store or online and test your urine daily when you are ill. Ketones indicate you are not getting enough calories.
- Try very cold foods to minimize odors. Cold foods and drinks can be kept in a cooler or mini-fridge.
- Don't drink and eat at the same time.
- Keep a variety of simple foods nearby in case you feel you can eat.
- Take prenats at bedtime with food if you can.
- Eat something before getting up from lying down. Try to sip fluids and eat small meals often.
- Use foam mattress pads and extra pillows to ease the pain of being inactive.
- Read others' experiences of HG, and find support, or professional counseling. (Join our private group on Facebook, etc.: HelpHER.org/mothers/get-support/support-groups.php).
- Modify your day to avoid your triggers as much as you possibly can.
- Eat anything that sounds good as soon as possible. Any calorie is better than no calorie.
- Remember what's at the end - your new child!



SMOOTHIE RECIPE

BLEND TOGETHER:

- 1/2 - 1 cup fresh juice (pasteurized)
- 1 frozen banana
- 1+ cups frozen fruit (berries)
- Protein powder
- Fatty acids (coconut or MCT oil)
- Nuts
- 1 - 2 Tbs honey or pure maple syrup
- 1/2 - 1+ cup yogurt, milk or milk substitute (Enriched rice/almond/coconut milk)
- Ice (optional)

This can be adapted to your individual preferences

for texture and flavor. Adding wheat germ or nuts is a great way to get extra nutrients. Soft nuts like macadamias grind into a smooth texture, while almonds add crunch. Ice cream or sorbet may also be used for extra calories. Flavorings (e.g. vanilla) and probiotics can also be added if desired. Liquid meals, especially those with protein, may decrease nausea more than solids, and they may be easier to keep down. Try it postpartum, too, for the added calories, fatty acids, and nutrients needed for breastfeeding and recovery. (See: HelpHER.org/mothers/treatments/nutritional-therapy/index.php)

When To Get Medical Care

You may wonder if she has morning sickness or hyperemesis. Generally, if she is unable to eat or drink due to nausea or vomiting, and is losing weight, she likely has HG. Research is confirming that proactive medical care of HG can decrease the severity of symptoms. This means beginning effective treatment at the onset of HG and being closely monitored for dehydration and starvation.

Notify her health care team if she experiences any of the following:

- Abdominal pain, bleeding, or cramping
- Swelling, pain or redness (arms/legs)
- Muscular weakness or severe cramping
- Incessant vomiting or retching
- Severe throat pain or bleeding
- Vomit with blood or yellow bile
- Little food/fluids stay down for over 24 hours
- Weight loss of 2+ pounds (0.9 kg) in a week
- Difficulty thinking or confusion
- Changes in walking or talking
- Visual disturbances or blurry vision
- Little saliva and very dry mouth
- Moderate or severe headache or fever
- Shortness of breath, dizziness or fainting
- Urinating small amounts infrequently
- Urine that is dark yellow, bloody or foul smelling

Contact Information

MEDIA/MARKETING QUESTIONS

Read about HER in the news by viewing our press kit under "Press Center" on our website, and/or email Ann Marie King at media@HelpHER.org for information about bringing awareness to hyperemesis gravidarum through the media.

QUESTIONS ABOUT OUR CURRENT RESEARCH

Email us at Info@HelpHER.org if you have questions about HER Foundation research or collaborating with our team. The Research section of our site includes full text articles of our publications and opportunities to participate in HG studies.

GENERAL COMMENTS OR QUESTIONS

Email us at Info@HelpHER.org if you have a comment, question, or concern about hyperemesis gravidarum or the HER Foundation. For immediate support or assistance finding a doctor, email us at GetHelpNow@HelpHER.org.

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