

## When To Get Medical Care

Are you wondering 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 confirms that proactive medical care for HG decreases symptom severity. This means beginning effective treatment at the onset of HG and closely monitoring for dehydration and starvation.

Notify her healthcare team immediately if she experiences any of the following:

- Abdominal pain, bleeding, or cramping
- Swelling, lumps, pain or redness (arms/legs)
- Muscular weakness or severe cramping
- Constant vomiting or retching
- Severe throat pain or bleeding
- Vomit with bright blood or "coffee grounds"
- 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
- Changes in breathing, dizziness or fainting
- Urinating small amounts infrequently
- Urine that is dark, bloody or foul smelling

## When To Stop Medications

Only your doctor can determine when it's best to discontinue medications. However, medications should generally continue beyond the 1st trimester, until a mother has two weeks without nausea/vomiting that prevents eating/drinking. Then, it is important to wean off medications over 2+ weeks by slowly reducing the dose or number of times per day that you take them. Abruptly stopping medication can result in worsening symptoms.

## Management Tools

Our site has extensive information on assessing the severity of HG and properly managing HG, including our protocols and HELP Score assessment tool. We encourage you to print and share our site info and clinical tools for health professionals with your medical team. [www.HelpHER.org/tools](http://www.HelpHER.org/tools)

## Contact Information

### MEDIA/MARKETING

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](mailto:media@HelpHER.org) to help increase awareness of HG in the media.

### CURRENT RESEARCH

Email us at [info@HelpHER.org](mailto:info@HelpHER.org) to inquire about collaborative studies or ask questions about HER Foundation research. The Research section of our site includes full text articles of our publications and opportunities to participate in HG studies. [www.HelpHER.org/HER-Research](http://www.HelpHER.org/HER-Research)

### SUPPORT & VOLUNTEERING

HER has multiple support options, depending on your needs. We recommend you access our quick info pages for brochures and important links: [www.HelpHER.org/info](http://www.HelpHER.org/info) & [www.HelpHER.org/tools](http://www.HelpHER.org/tools).

1. Join our Facebook group for 24/7 support: [www.facebook.com/groups/helpHERSupportGroup](http://www.facebook.com/groups/helpHERSupportGroup).
2. Request immediate doctor or volunteer referral, email [GetHelpNow@HelpHER.org](mailto:GetHelpNow@HelpHER.org).
3. Send a case questionnaire for questions about care. [www.HelpHER.org/contact-us/case-info.php](http://www.HelpHER.org/contact-us/case-info.php)
4. To volunteer, see our page for ways to help. [www.HelpHER.org/mothers/get-going/volunteer-help-her.php](http://www.HelpHER.org/mothers/get-going/volunteer-help-her.php)

### GENERAL COMMENTS OR QUESTIONS

Email us at [info@HelpHER.org](mailto:info@HelpHER.org) if you have a comment, question or concern about hyperemesis gravidarum or the HER Foundation. For immediate support or assistance, email us at [GetHelpNow@HelpHER.org](mailto:GetHelpNow@HelpHER.org).

### HYPEREMESIS EDUCATION AND RESEARCH FOUNDATION (HER FOUNDATION)

HER is donor-funded and appreciates your support! 9600 SE 257th Drive, Damascus, OR 97089 USA

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[www.HelpHER.org](http://www.HelpHER.org)  
[www.hyperemesis.org](http://www.hyperemesis.org)  
[www.HERFoundation.org](http://www.HERFoundation.org)

# 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 complete her responsibilities. She may lose her job and become completely dependent on others. Most women are ill for at least three or four months; some experience symptoms and debility until delivery. Realize a woman often is sicker than she appears; she is not exaggerating. HG is very traumatic emotionally and many families change future pregnancy plans. Often, proactive and aggressive treatment decreases some of her misery and lessen the adverse effect on everyone, including the baby.

## Food Aversions/Cravings

One of the most common experiences with HG is constantly changing food aversions and cravings. These may be intense and bizarre but those around her need to accept and support them. Ignoring her food/drink preferences may greatly worsen her condition by increasing her level of malnutrition. Remember, HG is not something she can control if she tries harder or is tougher. Focus on keeping her hydrated, minimizing bed rest when she is less sick, and optimizing food intake - increasing quantity and quality. She may feel desperate for something to eat, but also terrified of vomiting again. Be very compassionate and fulfill her cravings quickly.

**Hyperemesis Gravidarum (HG) is a debilitating and potentially life-threatening pregnancy disease characterized by rapid weight loss, malnutrition, and dehydration due to frequent nausea and/or vomiting with potential adverse consequences for both the mother and her child(ren).**

Finding a proactive healthcare professional, however, can be a challenge. HER has a Referral Network you can access on our site and via email to assist you. ([GetHelpNow@HelpHER.org](mailto:GetHelpNow@HelpHER.org)) This brochure provides practical ideas for coping and empowers you and her to make informed decisions and survive HG with less suffering and trauma.

## Typical Challenges

Mothers with HG face a number of challenges beyond nausea and vomiting, including profound fatigue, sleepiness or insomnia, pain, weakness, and difficulty thinking or remembering. Knowing she is not alone is very reassuring and comforting. Connecting her with HG support groups is essential.

## Hypersensitive Smell

Another almost universal challenge with HG is hyperolfaction, which means her sense of smell is dramatically increased. She may smell what others don't. It is 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 avoiding grocery stores and kitchens, buses, subways, 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 react to triggers until delivery.

With all of these challenges, aggressive care decreases the intensity of HG, making coping easier for her. Some medications (e.g. Zofran) may reduce sensitivity to odors and motion, as well as food aversions. Note meds may decrease vomiting, but often minimally reduce nausea. The more severe her symptoms are, the more sensitive she will be to triggers of nausea and vomiting. Eliminating triggers from her environment is critical to her well-being.

### 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 - esp. those with iron

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

The following list includes common causes of depression, guilt, anxiety and/or frustration.

Knowing these and encouraging her 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

### 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 tasks according to their skills and schedule.
- Request others visit or call to avoid isolation and depression during/after HG.
- 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 instead of Glucola to test for gestational diabetes. Medical research studies find this is effective and easier to tolerate.
- Buy Ketostix and test your urine daily when ill. Ketones indicate you need more calories.
- Try very cold food or drinks to minimize odors.
- Don't drink and eat at the same time.
- Keep a variety of foods/drinks nearby (e.g. cooler) in case you have a moment you feel you can eat.
- Take prenatal vitamins at bedtime with food if you can.
- Eat something before sitting up from lying down.
- Try to sip fluids and eat small amounts frequently.
- Ask for IV vitamins and try single vitamin tablets (esp. thiamin, vit K) or alternatives like sublinguals.
- Prevent/treat constipation & anxiety from meds.
- Modify your day to avoid what triggers you.
- Eat anything that sounds good as soon as possible. Any calorie is better than no calorie.
- Use a water flosser and rinse after vomiting.
- Don't suffer in silence. Get support or seek professional counseling. [www.HelpHER.org/mothers/get-support/support-groups.php](http://www.HelpHER.org/mothers/get-support/support-groups.php)
- Use HER tools to manage HG: [HelpHER.org/tools](http://HelpHER.org/tools)
- Contact HER for a doctor/volunteer referral.
- Remember what's at the end - your new child!



### SMOOTHIE RECIPE

#### BLEND TOGETHER:

- 1 frozen banana
- 1+ cups frozen fruit (e.g. organic berries)
- Protein powder
- Fatty acids (coconut or MCT oil)
- Nuts or nut butter
- 1 - 2 Tbs honey or organic maple syrup
- 1/2 - 1+ cup yogurt, milk or milk substitute (Enriched rice/nut/coconut milk)
- Optional: ice, superfood powders, vanilla, spinach/greens, probiotics, avocado, fresh fruit or vegetable juice

Adapt to her preferences for texture and flavor and try one new ingredient at a time to see how she tolerates it. Adding bran or nuts provides extra nutrients like crucial B vitamins. Soft nuts like macadamias grind into a smooth texture, while almonds add crunch. Ice cream, avocado or coconut butter add extra calories. Flavorings (e.g. vanilla) and probiotics can also be added. Liquid meals, especially those with protein, may decrease nausea more than solids, and they may be easier to keep down. Try this postpartum for needed fats and nutrients needed for breastfeeding and recovery. (See: [HelpHER.org/mothers/treatments](http://HelpHER.org/mothers/treatments))