Causes of HG

HG is a complex disease whose causes are not yet fully understood. Research has found that genetics is one piece of the puzzle. If your mother, aunt, grandmother or sister experienced HG, you are more likely to suffer from it. We also know that HG recurs in more than 75% of mothers.

If You Have HG

Find compassionate healthcare providers experienced in managing HG and willing to try newer treatments and home infusions if needed.

Share HER resources like our management tools and HG Care app with your healthcare team. Find them at Hyperemesis.org/tools.

Find an advocate among your friends or family whom you trust to speak for you and be a contact for your medical providers.

Read and share HER brochures (Hyperemesis.org/tools) with others so they understand your needs.

Find encouragement and hope by connecting with others in the HG community where women are experienced in coping with HG.

Learn about HG management. Knowing treatment options often leads to improvements in your care, and ultimately may reduce symptom severity and the risk of additional complications.

HER Foundation Can Help

The HER (Hyperemesis Education & Research) Foundation is a nonprofit organization dedicated to HG support, education, research, and advocacy. HER is the global voice of HG.

Since 2000, HER has been the leading source of HG information and research. We have conducted critical research and offered resources for over 2 million people. HER has many resources including the following:

REFERRAL NETWORK

Find a doctor in your area who is more likely to understand HG by searching our database. Or email us: Help@Hyperemesis.org.

ONLINE SUPPORT

Join our online support groups for 24/7 help. hyperemesis.org/support

SUPPORT NEAR YOU

Visit hyperemesis.org/get-help-now or email us: Help@Hyperemesis.org for peer support.

MORE INFORMATION

Our website has a wealth of resources on assessing and managing HG symptoms (Hyperemesis.org/tools), research, and coping.





UNDERSTANDING
HYPEREMESIS
GRAVIDARUM (HG)



www.Hyperemesis.org Help@Hyperemesis.org FB & YouTube/HERFoundation Twitter & Instagram/@HGmoms © 2016 HER Foundation. All Rights Reserved.



What HG Is

Hyperemesis Gravidarum (HG) is pregnancy disease characterized by severe nausea and/or vomiting, with difficulty eating and drinking.

HG causes dehydration, malnutrition, weight loss, and other serious complications. When HG is severe and/or untreated, the risks, including pregnancy loss or termination, increase.

What HG Is Not

HG is one of the most misunderstood medical problems of pregnancy - despite being the leading cause of hospitalization during early pregnancy, and second only to preterm labor as the leading cause of hospitalization throughout pregnancy. Few health professionals are experienced in proactive management of more severe HG, necessitating a change in doctors or consultations with perinatologists for effective management.

THE FACTS:

HG is not the same as morning sickness of a healthy, normal pregnancy.

HG is not caused by a psychological disorder and mothers have little control over their symptoms.

HG may cause serious and/or long-term health issues in mothers and babies, especially if treatment is delayed or inadequate.

MORNING SICKNESS VS. HG

MORNING SICKNESS	HYPEREMESIS GRAVIDARUM (HG)
You lose little, if any, weight and meet recommended weight gains.	You may lose 5-20 pounds or more (> 5% of pre- pregnancy weight) and may not gain adequately.
Have nausea/vomiting that does not prevent eating and drinking enough most days. Prescription medications are rarely required.	Have nausea/vomiting that prevents eating and drinking. Chronic dehydration and malnutrition may occur, especially if not treated.
Vomit sometimes, and the nausea is mild to moderate. It may cause significant discomfort, but poses minimal health risks.	Often retch/vomit frequently, and may vomit bile or blood, especially if inadequately treated. Nausea can be severe, constant, and debilitating.
Feel substantial relief with diet and/or lifestyle changes most of the time, especially after 14 weeks.	Need frequent assessment and treatments such as oral and non-oral medications, IV fluids, and, at times, nutritional therapy.
Often feel better by 14 weeks, but may have some nausea and occasional vomiting episodes.	May improve by mid-pregnancy, but can be sick until delivery with symptoms postpartum.
Will be able to work and/or care for their family most days, though fatigue and nausea may make it difficult, especially early in pregnancy.	May be unable to function for weeks or months. Simple household chores and self-care tasks like showering or driving may become impossible.
Experience minimal ongoing or worsening declines in emotional health or social activities.	Are at increased risk for anxiety, depression, postpartum depression, and post-traumatic stress symptoms due to isolation, debility and misery.
Have babies who experience few if any health problems due to stress or inadequate nutrition and fluids.	Deliver babies with greater risk of prematurity and reduced growth, as well as long-term health conditions.