

# Psychosocial Impact of Hyperemesis Gravidarum



*I met wonderful people at HER when I thought I couldn't take it anymore and just wanted to die.*  
~Natalia, Colombia



83% of women with hyperemesis gravidarum experience at least one negative psychosocial impact. When treating these women, caregivers should be aware of the frequency and diversity of the psychosocial consequences of HG.

**Hyperemesis Gravidarum is not self-limiting!**

## ORIGINAL ARTICLE

### The psychosocial burden of hyperemesis gravidarum

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**Objective:** To describe the psychosocial burden of hyperemesis gravidarum (HG) in a large cohort of affected women, focusing on previously unreported problems.

**Study Design:** Women with HG described their pregnancy history in an open-ended survey administered internationally through an HG website during 2003 to 2005.

**Results:** Of the 188 participants, 635 (77.5%) were American. A large majority (82.8%) reported that HG caused negative psychosocial changes, consisting of (1) socioeconomic changes, for example, job loss or difficulties, (2) attitude changes including fear regarding future pregnancies and (3) psychiatric sequelae, for example, feelings of depression and anxiety, which for some continued postpartum. Women who reported that their health-care provider was uncaring or unaware of the severity of their symptoms were nearly twice as likely to report these psychiatric sequelae (odds ratio 1.86, 95% confidence interval 1.06 to 3.29,  $P = 0.032$ ).

**Conclusion:** Over 80% of a large cohort of women with HG reported that HG caused a negative psychosocial impact.

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**Keywords:** hyperemesis gravidarum; nausea; vomiting; pregnancy; psychosocial aspects

#### Introduction

Hyperemesis gravidarum (HG) occurs in 1 to 2% of pregnancies,<sup>1,2</sup> and is the most clinically severe manifestation of nausea and vomiting of pregnancy (NVP). It causes weight loss during pregnancy,<sup>3–7</sup> dehydration, electrolyte disturbance<sup>8</sup> and nutritional deficiency, which in many cases can necessitate the use of intravenous hydration therapy or parenteral nutrition.<sup>9,10</sup> HG is the

most common cause of hospitalization in the first half of pregnancy and the second most common cause of hospitalization during pregnancy overall.<sup>11,12</sup> The total direct cost of the 59 000 hospitalizations for women with HG in the United States annually can be estimated at more than \$500M.<sup>13,14</sup> This estimate includes only reported hospital charges, and does not include indirect costs to the mother, including time lost from work or payment for childcare while she is ill.

Nausea and vomiting of pregnancy affects more than two-thirds of pregnancies,<sup>12,15</sup> often interfering with daily activity, impairing social and occupational functioning, disrupting family life and causing time lost from work.<sup>16</sup> Gabby *et al.*<sup>17</sup> reported that 35% of 200 women employed outside their home lost time from work because of their symptoms. Of 243 employed women in Vellacott's consecutive series of 500 NVP subjects, 47% felt that job efficiency was impaired and 25% took time off from work.<sup>18</sup> O'Brien *et al.*<sup>14</sup> found that 120 of 147 women (83%) stated that NVP affected their ability to perform usual daily activities. Because these statistics reflect the morbidity of NVP, they are likely to be gross underestimates of the effect that HG has on a pregnant woman's daily life.<sup>15</sup>

When estimating the severity of NVP, it is common for caregivers to emphasize clinical symptoms, although it has been demonstrated that women's own perception of NVP severity is also affected by its psychosocial consequences.<sup>16</sup> Moreover, psychosocial morbidity is evident even in clinically minor forms of NVP.<sup>17</sup>

The psychosocial burden of HG has been described in several small case series but not in large studies, resulting in only nominal awareness of the functional disabilities caused by HG. Our goal was to describe the psychosocial burden of HG in a large cohort, focusing on problems not previously reported in detail.

#### Methods

Women reported life changes secondary to HG in a web-based survey offered through the Hyperemesis Education and Research Foundation during calendar years 2003 to 2005. Women interested in HG found this survey on the internet. This was a cross-sectional, qualitative survey, consisting of several open-ended questions

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*If I had terminated (and I thought about that and suicide frequently), it would have been because of not working, being unable to shower or dress alone, feeling miserable, with no hope, depression, and not supported by family or friends.*

*I was depressed and bedridden for 20 weeks. I wanted to die.*

*My biggest fear in facing HG again is the loneliness and abandonment I had to deal with. It's like you stop existing.*



➔ 52% report psychiatric problems after HG

➔ 18% of HG patients meet full criteria PTSD

➔ 34% of pregnancies do not make it to term

➔ 52% consider termination because of HG

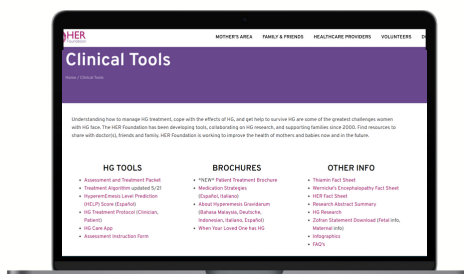
➔ 15.2% terminated at least one pregnancy because of HG

➔ 76% of women reported change in future childbearing plans

➔ 17% reported socioeconomic issues

➔ 26% report suicidal ideations (Nana, et al. 2021)

Beyond the financial impact of HG, the psychosocial impact is incalculable as many family relationships dissolve and future family plans are limited or pregnancies are terminated. Women often lose their employment because of HG, and women are frequently undertreated and left feeling stigmatized by a disease erroneously presumed to be psychological.



**50% of children exposed to HG will have a neurodevelopmental diagnosis.**

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