

When To Get Medical Care

Are you wondering if she has morning sickness or hyperemesis? If she needs medication because she is unable to eat or drink much, or do her usual activities due to severe nausea and/or vomiting, she likely has HG. Research suggests that early medical care for HG decreases symptom severity and duration. Effective treatment and close monitoring for dehydration and starvation can help prevent additional complications for mother and child(ren).

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
- Chest pain or increased heart rate or rhythm
- 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 HG severity and properly managing HG, including our protocols, algorithms, HG Care App and HELP Score assessment tool. Please review and share these with your medical team. hyperemesis.org/tools

Contact Information

MEDIA/MARKETING

Read about HER in the news by viewing our press kit on our site at www.hyperemesis.org/press, and/or email media@hyperemesis.org to help us increase awareness of HG.

CURRENT RESEARCH

Email us at research@hyperemesis.org to inquire about collaborative studies or ask questions about HER Foundation research. The Research section of our website includes full text articles of our publications and opportunities to participate in HG studies. www.hyperemesis.org/research

SUPPORT & VOLUNTEERING

HER has multiple support options. We recommend you also access our summary info pages for important links: www.hyperemesis.org/info & www.hyperemesis.org/tools.

1. Join our Facebook group for 24/7 support: www.facebook.com/groups/hyperemesissupport. Look for social posts about online support groups.
2. Search by your location to find a volunteer or health professional referral on our Get Help Now pages. If none are available, email GetHelpNow@hyperemesis.org.
3. Send a case questionnaire for questions about care. www.hyperemesis.org/help
4. To volunteer, see our page for ways to help. www.hyperemesis.org/volunteers

GENERAL COMMENTS OR QUESTIONS

Email us if you have a comment or question about hyperemesis gravidarum or the HER Foundation.

HYPEREMESIS EDUCATION AND RESEARCH FOUNDATION (HER FOUNDATION)

HER is a registered charity and donor-funded. We appreciate your support to help save lives! 10117 SE Sunnyside Rd. Ste F8, Clackamas, OR 97015 USA (Federal EID: 71-0912435)

email: info@hyperemesis.org
www.HelpHER.org
www.hyperemesis.org
www.HERFoundation.org

WHEN YOUR LOVED ONE HAS HYPEREMESIS GRAVIDARUM

Only women who experience hyperemesis truly understand its profound effects on every area 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. Proactive and aggressive treatment usually decreases some of her misery and lessens the adverse effect on everyone, including the baby. Finding a proactive

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 research finds the hormone (GDF15) and malnutrition are the cause. Support her preferences to enable her to eat and reduce nutritional deficits. Remember, HG is not something she can control if she tries harder or is tougher. Focus on keeping her hydrated, increasing movement when she is less sick, and optimizing food intake - improving quantity and quality. She may feel desperate for something to eat, but also terrified of vomiting again. Be very compassionate and fulfill any of her cravings quickly.

Hyperemesis Gravidarum (HG) is a debilitating and potentially life-threatening pregnancy disease that may cause weight loss, malnutrition, dehydration and debility due to severe nausea and/or vomiting with potential adverse consequences for both the mother and her child(ren).

healthcare professional, however, can be a challenge. HER has a Referral Network search by location you can access on our site in the Get Help Now section and via email to assist you. (GetHelpNow@hyperemesis.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, anxiety 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. ondansetron) may reduce sensitivity to odors and motion, as well as food aversions. Note: Medications 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, screens)
- › 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. Reduce these and offer encouragement as stress is harmful to both mother and child(ren).

- › 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 needs and let others choose 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 reduce fatigue and many triggers.
- › Order groceries, gifts and necessities online.
- › Talk to your doctor about using home glucose testing, or consuming apple juice or jelly beans instead of the Glucola gestational diabetes test. Medical research studies find these effective.
- › Buy Ketostix and test your urine daily when ill. Ketones indicate you need more calories.
- › Try icy or cold food and drinks to minimize odors.
- › Don't drink and eat at the same time.
- › Keep tolerable foods/drinks nearby (e.g. cooler) for moments when you feel you can try them.
- › 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 pills (esp. thiamin, vit K) or alternatives like sublinguals.
- › Take daily thiamin/B1 to prevent complications.
- › 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 from others who understand HG and professional counselors. hyperemesis.org/support
- › Use HER HG resources: hyperemesis.org/tools.
- › Visit the HER site 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 and/or vitamin powder
- › Fatty acids (whole coconut or MCT oil)
- › Nuts/seeds or nut butter
- › 1+ tsp honey or organic maple syrup
- › 1/2 - 1+ cup yogurt, milk or milk substitute (i.e. enriched rice/nut/coconut milk)
- › Optional: ice, superfood powders, vanilla, spinach/greens, pre/probiotics, avocado, fresh fruit or vegetable juice, raw cacao powder

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 extra fats and nutrients needed for breastfeeding and recovery. (See: www.hyperemesis.org/nutrition)