

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 12-24 hours
- Weight loss of 2+ pounds (1 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. Our expert clinicians have developed these over the last two decades. Please share these with your medical team. Hyperemesis.org/tools

Contact Information

MEDIA/MARKETING

Read about HER in the news by viewing our press kit under "Media Center" on the "Our Foundation" pages, or email media@hyperemesis.org to help 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 site includes full text articles of our publications and opportunities to participate in HG studies. hyperemesis.org/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: Hyperemesis.org/info & Hyperemesis.org/tools.

1. Join our support groups: hyperemesis.org/support.
2. Request immediate doctor or volunteer referral, email help@hyperemesis.org.
3. Submit a case questionnaire for questions about care. www.surveygizmo.com/s3/5545289/Case-Consult (See link on Get Help Now page.)
4. To volunteer, see our page for ways to help. hyperemesis.org/volunteers

GENERAL COMMENTS OR QUESTIONS

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

HYPEREMESIS EDUCATION AND RESEARCH FOUNDATION (HER FOUNDATION®)

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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 lessens the adverse effect on everyone, including the

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 it's very important to accept and support them. This is caused by genetics and not something she can change. Ignoring these will worsen her symptoms and may lead to malnutrition. Remember, HG is not something she can control if she tries harder or is tougher. Focus on minimizing bed rest when she is less sick, and increasing food/fluid as she tolerates it. 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).

baby. 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. (help@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, 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 sensations. Some foods may have strange textures or tastes to her and become intolerable. It's crucial 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 taking leave from your job (or disability) 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.
- Have groceries, gifts and necessities delivered.
- 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 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.
- Use foam bed pads and extra pillows for pain.
- 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 the HG community or seek professional counseling. Hyperemesis.org/support
- Use HER tools to manage: Hyperemesis.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 or avocado
- 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 or coconut butter add needed 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 site for additional food strategies.)