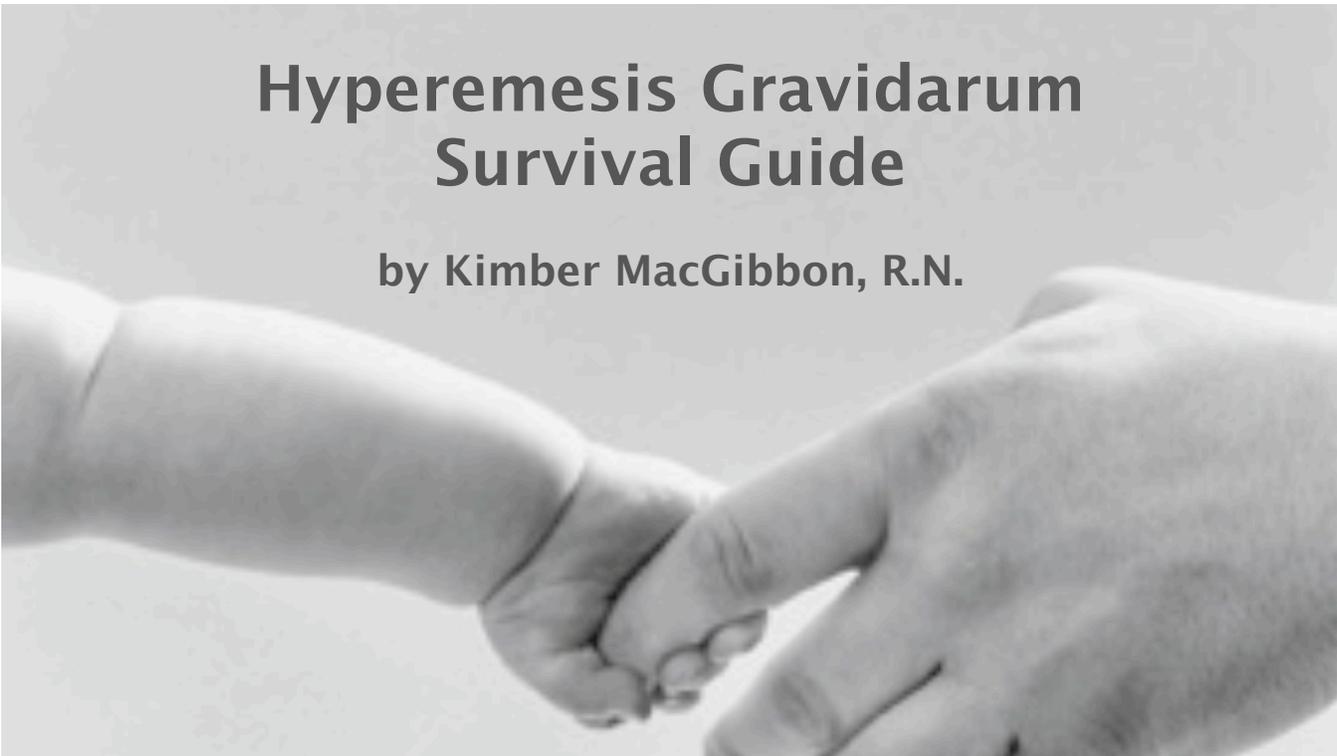


# Hyperemesis Gravidarum Survival Guide

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Hyperemesis can be overwhelming and greatly impact both you and your family. At a minimum, it will disrupt your daily activities and make it difficult or impossible to fulfill many of your responsibilities for some time. It can also result in job loss, as well as render you completely dependent on those around you for a time. Most women are ill for three or four months, fewer experience vomiting or nausea until the birth of their child. It can be traumatic emotionally and some families will choose to forego future pregnancy plans. Often, proactive and aggressive treatment can alleviate much of your misery and lessen the adverse impact on your life. Finding a health care professional with this thinking and experience, however, can be a challenge.

This guide will provide you with ideas for coping with and managing your condition. Hopefully, it will also empower you to make informed decisions and survive HG with less suffering.

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For the most current version of the document, please visit our website at [www.hyperemesis.org](http://www.hyperemesis.org)

## Typical Challenges

Mothers with hyperemesis face a number of challenges that can be difficult for others to understand. Although your experience may be somewhat different from others, you will undoubtedly share similar emotions, as well as triggers of nausea and vomiting. Knowing you are not alone can be very reassuring and helpful.

## Food Aversions/Cravings

One of the most common experiences among women with HG is food aversions and cravings. It is likely due to several factors including your body chemistry and hormones. You will likely have intense and bizarre cravings and aversions that those around you will need to accept and support. It's not something you can control if you try harder, and ignoring your preferences can greatly worsen your symptoms, especially during the early months. Cravings often appear for only a short time – maybe just a few minutes, and need to be fulfilled if at all possible. The primary goals to focus on are staying hydrated and increasing your food intake as much as you can tolerate. Often a woman's whole life becomes centered around food. You may feel desperate to find anything you can eat, but also terrified at the thought of eating since it may make you vomit. Just do the best you can and don't worry about your baby. Your baby does not need much food in the early months.

## Hyperolfaction

Another almost universal challenge with HG is hyperolfaction, which is also thought to be hormonal in origin. This essentially means **your sense of smell is greatly increased**, making it possible for you to smell what others don't. It can be frustrating and distressful. Along with an increased sense of smell, are changes in taste. Food may have strange textures or tastes to you and become aversive. It is not something you can control since the sense of taste is linked to many factors including hormone changes and one's perception of odors. Once you identify what odors trigger your nausea/vomiting, avoid them at all cost. This may mean you have to avoid entering the kitchen, riding the subway, being around smokers, traveling, eating away from home, changing diapers, etc. **Unfortunately, there is no treatment other than time.** It may ease by mid-pregnancy, but may last until delivery.

**With both of these challenges, aggressive care that decreases your vomiting and nausea can decrease the intensity and make it easier for you to cope.** Interestingly, drugs such as the serotonin antagonists (Zofran, Kytril, Anzemet) seem to make some women less sensitive to odors and motion, as well as food aversions. Whether this is because the women on these drugs may have less nausea and vomiting, or if it is an unusual effect of the drug is not known. What is known is that the more severe the woman's symptoms, the more sensitive she is to triggers of nausea and vomiting. Eliminating as many triggers from your environment as possible is very important.

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

The following list includes common causes of depression, guilt, anxiety and/or frustration. Knowing these can help you and your family/friends cope during this time.

- Lack of understanding & support from others
- Inability to take vitamins, or eat healthy
- Taking medications perceived as risky
- Missing out on the "fun" of being pregnant
- Loss of a "normal" pregnancy
- Lost work days or quitting work
- Putting life "on hold" for many months
- Longing to eat and drink normally
- Money expended on care and support
- Lack of energy and severe fatigue
- Irritability and lack of enjoyment in life
- Memory loss or inability to think clearly
- Burden of care and time on others
- Lack of socialization (i.e. isolation)
- Inability to prepare for birth/arrival of baby
- Inability to care for family and home
- Wanting to terminate the pregnancy to end the misery
- Other's perception that HG is only in her mind
- Loss of hope that nausea will cease before birth
- Fear of painful treatments or being force fed
- Reluctance of doctors to treat due to cost or liability
- Weight loss or inadequate gain for gestational age of baby
- Fluctuating emotions due to hormones and illness
- Sense of inadequacy and failure at being unable to cope or function
- Fear of harming baby or more difficult birth
- Fear of morbidity or death
- Difficulty bonding with baby
- Lack of energy and socialization for kids
- Lack of excitement about baby's arrival
- Dreading the prolonged recovery time

## Typical Triggers of Nausea/Vomiting

Eliminate or minimize as many of these as possible:

- Blinking/bright lights
- Sight/thought/smell food (e.g. TV, others eating)
- Noise (e.g. TV, kids)
- Toothpaste
- Motion
- Standing or sitting upright
- Empty stomach
- Odors (e.g. scented cosmetics, chemicals)
- Sleeping with a partner (intolerance to smells and motion)
- Showering daily (fatigue, nausea)
- Pressure on abdomen
- Stimulation of gag reflex (e.g. swallowing pills)
- Riding in the car
- Vitamins (esp. with iron)

## Survival Strategies

Try to implement as many of the following strategies as you can:

- **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.** Don't fight the need to lay down or do nothing when you are very nauseous and/or vomiting. Being active will often worsen your symptoms.
- **Do whatever is necessary to cope, including quitting your job or hiring help.** If possible, avoid major stressors such as moving until you have recovered.
- **Ask for help.** Make a list of ways others can help and let them choose what best suits their skills and schedule. If you have limited support and can afford to hire help, consider a teen, college student or doula.
- **Arrange for someone to visit or call often to avoid depression and isolation.**
- **Ask others to drive you to appointments and stores** so you can lay down and rest in the car. Doing both can be too much. Order online if needed to avoid the stress of running errands. (You can find more info about shopping online at: <http://www.hyperemesis.org/mothers/online-resources/shopping-online.php>)
- If your doctor wants to test you for gestational diabetes (glucose tolerance test), **discuss the option of apple juice or jelly beans** (medical studies show this is acceptable) instead of Glucola.
- **Purchase Ketostix from a drug store or online and test your urine at least daily.** These are the strips the nurse dips in your urine to test for Ketones to monitor your hydration. Get IV hydration or drink more as soon as you begin producing ketones. Ketones worsen nausea and vomiting.
- **Try cold foods and beverages which have less smell and if frozen, may decrease your sense of taste.** Ice water may go down better than chilled. Freeze a 1/2 full bottle of water (or juice) on its side, then fill with cool water so the ice will keep the water cold for hours.
- **Have a variety of snacks prepared** in case you have a decrease in nausea and feel you can eat. Keep a cooler next to the sofa and/or bed with snacks to avoid trips to the kitchen.

- **Eat a snack before getting off of the sofa or out of bed.** Try to sip any fluid possible all day. Avoid eating large amount will distend your stomach and encourage nausea/vomiting.
- **Wear loose clothes and use lots of pillows to keep yourself comfortable.** Adding a foam egg crate or mattress pad may ease pain.
- **Read about others who have experienced HG, and contact them for support.** Know that HG can be very traumatic and seeking professional counseling is not a sign of weakness, but rather a positive coping strategy. (You can find more info about support groups at: <http://www.hyperemesis.org/mothers/get-support/support-groups.php>)

## The Baby Shake

The Baby Shake Nutritional Drink Recipe.

### Blend Together:

1/2 - 1 cup	fresh apple juice (Pasteurized)
1 - 2 tsp	blackstrap molasses (B vitamins)
1	frozen banana or other fruit
1 - 2 tsp	nutritional yeast
1/2 - 1 cup	yogurt
1 Tbs	wheat germ (B vitamins) Protein Powder (e.g. Nutriharmony MRP) or nuts
1 - 2 Tbs	honey or pure maple syrup
1/2 - 1 cup	low-fat milk or milk substitute (Enriched rice/almond/soy milk)
1/2 - 1 1/3 tsp	kelp (minerals)

This can be adapted to your individual preferences for texture and flavor. If something in the drink doesn't appeal, leave it out and try something else. Other fruits (try them frozen) or juices can be used, or just blend milk and any frozen fruit as a base. Adding nuts is a great way to get protein and important fatty acids - soft nuts like macadamias and walnuts grind into a smooth texture. Almonds add a little crunch or a thicker texture, and offer a lot of nutrition like calcium. Ice cream or sorbet may also be used for extra calories. Adding water or ice will make it more dilute, which some women may prefer.

Flavorings (e.g. vanilla or almond), protein powder, and/or coconut can also be added if desired. Liquid meals, especially those with protein, can decrease nausea more than solids, and they may be easier to keep down. Make the shake (or smoothie) as simple or complex as you want. It's a great way to get much-needed vitamins and minerals. Try it postpartum, too, to ensure you get the added calories and nutrients you need for breastfeeding and recovery.

## What to Expect When Hospitalized

You may encounter the following procedures and equipment during your stay in a hospital:

- **Taking Vital Signs:**

These include your temperature, blood pressure, pulse (counting your heartbeats), and respirations (counting your breaths). A stethoscope is used to listen to your heart and lungs. Your blood pressure is taken by wrapping a cuff around your arm.

- **IV:**

A tube placed in your vein for giving medicine or liquids. It will be capped or have tubing connected to it.

- **ECG:**

Also called a heart monitor, an electrocardiograph (e-lec-tro-CAR-dee-o-graf), or EKG. The patches on your chest are hooked up to a TV-type screen or a small portable box (telemetry unit). This screen shows a tracing of each heartbeat. Your heart will be watched for signs of injury or damage resulting from your illness.

- **Blood:**

Usually taken from a vein in your hand or from the bend in your elbow. Tests will be done on your blood.

- **Medicines:**

You may get medicines by shot, in your IV, or in your rectum as a suppository.

- **Monitoring the Baby's Heartbeat:**

If it is late in your pregnancy, you will have a loose-fitting belt strapped around your abdomen. The belt secures a patch which is attached to a machine with a TV-type screen. This screen shows a tracing of your baby's heartbeat.

Your baby's heartbeat may be monitored all the time during the early part of your hospital stay. As you improve, a tracing may be taken several times a day.

- **Urine Tests:**

You will be asked to urinate in a container. Hospital personnel will measure and test your urine to make sure you are getting enough liquids. Do not throw away your urine unless your nurses have given the okay.

- **Other Tests:**

You may have tests of your liver, kidney, pancreas, and bowels to find reasons for the vomiting.

- **Weight:**

You will be weighed daily to see if there have been any changes.

- **Food:**

Until your vomiting stops, you will not be given any meals. Instead, you will receive food and vitamins through your IV. You can slowly begin to drink and eat small amounts of food when your vomiting has stopped.

- **Emotions:**

Try to relax and avoid stress. Talking to your doctor or someone close to you may be helpful.