

Cheat Sheet

- NVP affects approximately 70–80% of all pregnant women.
- 35% of pregnant women experience symptoms that are of clinical significance.
- 30% of pregnant women require time off work to manage their symptoms.
- It is estimated that up to 1.5% of women suffer from hyperemesis gravidarum (HG)¹.
- The cause of HG remains unknown, and there is no 'cure'. Treatment usually revolves around trying to limit the severity of the symptoms.
- Milder forms of NVP may end between 12 and 16 weeks; however, those with more severe symptoms and HG often report that though the intensity of symptoms may decrease around this time, up to 60% continue to suffer from nausea and/or vomiting until birth.
- 'Morning Sickness' is an erroneous term as most women experience symptoms of nausea and vomiting at various times throughout the day. Pregnancy sickness is a more appropriate term to use.
- The advice to eat 'little and often' may help in milder cases of NVP, but dietary changes are often not enough for more severe forms, especially HG.
- Similarly, the advice to eat such things as ginger and dry crackers may help milder forms of NVP but is often completely irrelevant to a woman who is struggling to keep any food or liquid down.
- Rest is a vital aspect of managing the symptoms of nausea and vomiting as stress and exhaustion can exacerbate symptoms. Therefore, pressure to 'carry on as normal' can make matters worse.
- Symptoms can become so severe that the pregnant woman may experience dehydration, production of ketones, nutritional deficiencies, electrolyte imbalances, and weight loss.
- Admittance to hospital for IV fluids may be necessary.
- Prior to the development of IV treatment, HG was a significant cause of maternal death. Although the last deaths in the UK due to complications of HG were in the 1990s, the severity of this condition should not be forgotten or underestimated.
- Anti-emetic medication may be prescribed to try and limit the severity of the symptoms. Though none are currently licensed in the United Kingdom for use during pregnancy, many have been used successfully for decades without any known effect on the foetus.
- Pregnant women whose weight gain is low in association with HG through out their pregnancy have a higher risk of preterm labour, babies with low birth weight, and babies who are small for their gestational age. The risks increase if HG is still uncontrolled or untreated in the second trimester.
- The emotional stress of prolonged and severe nausea and vomiting is high and support is crucial.
- Antenatal depression, postnatal depression, and post traumatic stress disorder may accompany or follow a pregnancy complicated by severe NVP and HG.
- HG can be so traumatic that sufferers may request a termination of their pregnancy and/or decide against further pregnancies.

¹ Some studies suggest this is a low estimate given the difficulty in diagnosing HG.