

## How to Tell the Difference Between Normal Pregnancy Sickness and Hyperemesis Gravidarum

Courtesy of Pregnancy Sickness Support

Symptoms	'Normal' or Mild Pregnancy Sickness	Moderate-Severe Pregnancy Sickness	Hyperemesis Gravidarum
Occurrence rates	Around 80% of all pregnant women suffer from pregnancy sickness of some degree	Around 30% of all pregnant women require time off work, & 35% have symptoms of clinical significance	Between 1–2% of all pregnant women will be diagnosed with Hyperemesis Gravidarum
Typical onset and duration of nausea and/or vomiting	Begin around 4–6 weeks, generally ease between 12 and 20 weeks	Begin around 4–6 weeks, may last beyond 12–20 weeks	May begin before pregnancy confirmed, typically peak at 9–13 weeks, but often last throughout entire pregnancy.
Severity of nausea and/or vomiting	Varies, however typically short periods of nausea and infrequent vomiting episodes. Easily managed through lifestyle and diet changes	Will often impact quality of life, with regular nausea and/or daily vomiting episodes while symptoms continue	Nausea often constant, with multiple vomiting episodes per day. Affects ability to eat, drink, and care for self and others.
Weight loss	Minimal, if any	May lose several lbs while symptoms persist	Weight loss is often severe and rapid. > 5% of pre-pregnancy weight is common with Hyperemesis
Clinical Symptoms	None	May suffer from dehydration and weight loss. If left untreated, moderate-severe pregnancy sickness can lead to hyperemesis	Dehydration, weight loss, ketosis, electrolyte imbalances. If left untreated, can lead to other complications
Affect on Quality of Life	Minimal, if any	May need to adapt working pattern, rest more, and accept extra help at home while symptoms persist	Quality of life affected completely. Often bed-bound or house-bound, unable to eat, drink, speak, read, watch TV, cope with bright lights or look after self in any way.
Treatment Options	Changes to diet and lifestyle should be enough. Eating 'little and often', ginger and acupressure may help	Changes to diet and lifestyle may help, but typical advice like ginger and acupressure often ineffective. Anti-emetics may be suggested.	Medical treatment is crucial in attempting to limit the severity of symptoms. Anti-emetics, IV hydration, and steroids may all be considered.
Other considerations	None	Emotional and psychological support may be requested to cope with mental strain of sickness	Antenatal depression, postnatal depression, and post-traumatic stress disorder can be common in women with such severe symptoms

It is important to note that this is a very basic introduction to the differences between 'normal' pregnancy sickness, moderate-severe pregnancy sickness and HG.

The distinction between moderate-severe pregnancy sickness and HG is often unclear.