

Cheat Sheet

- NVP affects up to 90% of all pregnant women, dependent on the reference
- 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)
- 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 often record that though the intensity of symptoms may decrease around this time they 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
- 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, including 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. There have been no recorded deaths in the UK in recent decades, however the severity of this condition should not be forgotten or underestimated.
- Antiemetic medication may be prescribed to try and limit the severity of the symptoms. Though none are licensed in the UK 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 throughout their pregnancy have a higher risk of: preterm labour; babies with low birth weight; and babies who are small for their gestational age.
- 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.

For information and support on NVP and HG please visit [Pregnancy Sickness Support](#).

Pregnancy Sickness Support

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Information Line: 020 7638 2020

www.pregnancysicknesssupport.org.uk