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**DISEASES MAY BE LINKED TO CONSERVATIVE TREATMENT OF
PREGNANCY DISEASE**

Inadequate Treatment Predisposes Offspring to Future Disease

DALLAS, TX., December 2, 2003 The latest fetal programming research challenges the current medical care of women who suffer from hyperemesis gravidarum (HG), a pregnancy disease afflicting up to half a million US women annually with malnutrition, dehydration, and debility. According to the research, pregnant women who suffer from suboptimal nutrition and excessive stress often have unfavorable intrauterine environments for their unborn children. As a result of such environments, these children are predisposed to chronic diseases such as hypertension, diabetes, obesity, and hyperlipidemia, which are life-altering and medically expensive. Improving the condition of the fetal environment will have long-term personal, social and economic benefits since pregnancy affects not only women but their families and society as well.

Cornell University researcher and author of *Life in the Womb: The Origin of Health and Disease* (Promethean Press, 1999), Peter W. Nathanielsz, M.D., Ph.D. reports, "How we are ushered into life determines how we leave," which is concerning for women suffering from hyperemesis. Dr. Nathanielsz' research has shown a malnourished fetus may compensate by growing a larger placenta to secure more nutrients from the maternal circulation. Other studies find the fetus preferentially shunts blood to vital organs such as the brain at the expense of other growing organs. Attempts to offset the effects of intrauterine deficiencies during fetal development may carry a price later, such as a shorter lifespan.

"What the research identifies as fetal risk factors are inherent in hyperemetic pregnancies," said Kimber MacGibbon, RN and founder of the HER (Hyperemesis Education and Research) Foundation in the US. "Further, researchers have not studied women with HG, yet these women are classic examples of those with a potentially adverse fetal environment", explained MacGibbon.

Fetal programming studies validate the need to reexamine traditional HG management since inconclusive research engenders inconsistent care. Women

contacting the HER Foundation are desperate for relief from starvation, incessant nausea and vomiting, and inadequate nutritional support. In fact, many hyperemetic women lose 10% or more of their body weight and require risky interventions to survive. They are often severely stressed both mentally and physiologically for much of their pregnancy. If HG patients are inadequately treated, the list of potentially serious and even fatal maternal and fetal complications is enormous.

As well, fear of fetal morbidity and mortality is almost universal among these women. A HER Foundation survey found over 25% of women with HG will terminate more than one wanted pregnancy and forego future pregnancies rather than suffer months of malaise and potentially harm their unborn children. Others require multiple admissions for dehydration and metabolic imbalances, as well as antiemetics and intravenous nutrition. Despite current care, hyperemetic mothers have greater risk of pregnancy complications including preeclampsia, preterm labor, and spontaneous abortion.

Unfortunately, research now finds that such complications and the resulting stress contributes to adverse fetal outcomes, including developmental delays, later behavioral problems, maladaptation to stress, reduced bone density, and renal and endocrine system dysfunction. If the fetus is female, adverse conditions also affect her ovaries, and thus the health of future generations as well. Further, hyperemesis usually extends beyond mothers' physical costs resulting in consuming stress and financial hardships experienced by their families.

According to a HER Foundation survey, many doctors still diagnose HG as morning sickness despite significant maternal weight loss and repeated dehydration. HG sufferers may initially be given minimal care because no antiemetics are approved for use during pregnancy in the US. The survey confirms that approximately half will eventually receive conservative, or ineffective, remedies and sent home. Women then endure months of limited intake, causing debilitating fatigue and weakness, followed by months of recovery. Although fetal programming research seems to contradict their traditional beliefs, health professionals still assure mothers that their illness has no adverse affect on their babies.

Fetal programming research also has major health policy implications for medical providers and insurers. With today's cost-conscious approach to medical care, women with HG may be conservatively treated until their symptoms are more severe, however, proactive care likely outweighs the risks. Many women respond dramatically to expensive serotonin antagonists, reducing their overall care and

preventing costly complications, yet these antiemetics are less often prescribed despite any evidence of fetal impact in the available research. The risks of early treatment are still unknown. Consequently, management of HG varies greatly, and adversely affects both maternal and fetal health. Improving the nutritional status of hyperemetic mothers is more cost-effective than treating chronic metabolic and cardiovascular disorders in their offspring years or decades later. Until the consequences of HG are identified, maternal and fetal nutrition should be high priorities in research and medical practice.

The HER Foundation is dedicated to raising awareness about the impact and treatment of hyperemesis gravidarum. For more information visit the foundation at www.HelpHER.org or www.hyperemesis.org.