



HER Foundation
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www.HelpHER.org
www.hyperemesis.org

SEVERE HYPEREMESIS GRAVIDARUM

- Hyper means excessive and emesis means vomiting; gravidarum means during pregnancy.
- In general, Hyperemesis Gravidarum or HG, is a serious disease of pregnancy characterized by constant nausea and excessive vomiting that leads to major debility and a cascade of other complications.
- Triggers of nausea and vomiting come from many sources including the smell or thought of food, motion, bright lights, sitting upright or walking, and pain.
- It is often misdiagnosed or untreated, so about 25% of HG pregnancies are terminated.
- More severe cases have life-threatening complications like internal bleeding in the stomach and throat, severe malnutrition and dehydration, electrolyte imbalances, preterm labor, organ rupture, and even bleeding in the eyes. Some women still die from HG due to organ failure, typically kidney or heart failure.
- The adverse effects last well beyond pregnancy and require on average 5-8 months for recovery, or generally 1-2 months for each month the mother was ill.
- The best analogy is to imagine having food poisoning or a stomach flu for six months or so. Add to that pain and sensory sensitivities experienced with migraines. It is very miserable and women often fear they will die or never recover.
- These women cannot work, drive, prepare meals, or care for their families and themselves, and basically become isolated and totally dependent on others for even basic needs.
- Watching TV or reading often worsens the nausea and vomiting, so mothers may have to remain in a dark room void of stimulation.
- They go into what I call survival mode where they basically just focus on surviving one day at a time. They often fear they will never recover and they or their child will not survive.

- Some may go months without eating more than a few bites of food each day. Obviously this leads to weight loss and poor weight gain, which are vital to a mother's health and the unborn child's development and long-term health.
- Over time, they can develop many complications including muscle and bone loss from malnutrition and bed rest, anemia, liver and gall bladder disorders, hernias, thyroid dysfunction, severe acid reflux, stomach ulcers, sleep disorders, extreme fatigue, impairment of their mental functioning, and emotional trauma.
- Treatment options exist but are few in number, and many health professionals are reluctant to prescribe them or insurance companies are unwilling to pay the high cost.
- Very malnourished women require IV nutrition through a special catheter, typically a PICC line (peripherally inserted central catheter). It is inserted into the arm and threaded up to the heart and delivers total nutrition for mothers. Clots, air bubbles and infections can be life-threatening.
- They also have to deal with the side-effects of the multiple medications required to treat HG, which often includes anxiety, headaches, nausea, insomnia, and severe bowel dysfunction.
- Emotionally, they lose out on the joy of pregnancy, and often are unable to participate in the celebrations and preparations.
- The isolation, disempowerment, loss of coping strategies, and sensory deprivation exacerbate vulnerability.

POSTPARTUM

- Postpartum recovery is very difficult, especially if the mother is on bed rest for weeks or months. Bed rest affects every system in the body and takes months to normalize.
- Reversing months of muscle and bone loss is both painful and slow.



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- These mothers have to not only recover from HG, but also from childbirth and normal pregnancy changes.
- Food aversions and fears of eating prevent many mothers from getting adequate nutrition postpartum, which prolongs recovery. Many are below their pre-pregnancy weight after delivery.
- Most women are exhausted and have great difficulty coping with the demands of a new baby. This is much greater for a mother of twins or multiples, as they require more than twice the care, especially if they are born premature.
- Social and family support are crucial to a mother coping postpartum.
- The emotional trauma often leads to chronic depression, anxiety, and sleep disorders.
- Together, all of this can decrease self-esteem, impair bonding between a mother and child for months postpartum, and make transitioning to motherhood very difficult.
- Women after uncomplicated pregnancies are very vulnerable during the first three months postpartum, and often in worse overall condition 6 weeks postpartum due to sleep disruption and the demands of mothering. It is common for women to feel anxious, depressed, and doubt their ability to competently care for their children.
- Sleep deprivation + inadequate nutrition + excessive stress + depression leads to significant difficulty with planning, organizing, problem-solving, logical reasoning, and overall coping.
- Memory and focus are often impaired as is the ability to retain and comprehend information. While they can perform routine tasks like feeding, more complex tasks that require strategic or long-term thinking are extremely difficult if not impossible.
- Mothers in the early postpartum months are typically focused on daily survival.



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MALNUTRITION

- Greatly impairs cognitive functions such as judgment and concentration.
- Increases emotional lability and causes personality changes.
- Increases risk of neurodevelopmental and behavioral disorders, as well as chronic health conditions in the unborn child. (diabetes, heart disease, emotional disorders)
- Complications of malnutrition require months to reverse, and some may persist.

Written by Kimber Wakefield MacGibbon, RN

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