

# Hyperemesis Gravidarum and Mental Health

There has been much speculation about the causes of hyperemesis gravidarum (HG). Following Freud's psychodynamic theory, many doctors attempted to apply his theory to women with HG. It was argued that the sickness is an unconscious rejection of the foetus – the woman is trying to throw the foetus up. A whole range of other psychological explanations followed, such as negative relationships with the mother, a broken home during childhood, marital problems, excessive attachment to the mother, anxiety, hysteria, depression, sexual dysfunction, personality disorders, low I.Q., immaturity, low self-esteem, poor coping skills and stress. These psychological factors were commonly cited in academic papers as a cause for HG from the 1920s to the 1990's.

It was because of these theories that the illness was not taken seriously, and "treatment" could be very harsh. It was not uncommon for women to be denied a vomit bowl, left to clean her own vomit and be presented with food regularly. Even today, at Pregnancy Sickness Support we still hear reports of women being told that their illness is because they are anxious.

## Recent research

We now know that psychological factors are not the cause of HG but the result. The woman experiences prolonged suffering of continuous, unrelenting nausea and vomiting; which can be violent, painful and unpredictable. She may be isolated for months in bed with only minutes a day of company from her partner who is at work the rest of the time or caring for other children. She may be unable to read, speak on the phone, watch TV or gain any respite from focusing on the crippling nausea, the humiliation that comes when vomiting results in urinating on the floor or in her bed or the knowledge she hasn't showered in weeks.

It has been said that HG robs the woman of an important life event. Instead of joy and happiness expected during pregnancy, she experiences misery and anxiety. It is not surprising that these symptoms affect the mental health of women. It is a trauma and a loss, and we know that trauma and loss are significant factors in a range of mental health issues.

We know that women who experience HG are more likely to have depression and anxiety before birth. There is also a body of research that suggests an increased risk of poor mental health following birth, especially depression. From our experience of working with NVP and HG sufferers, we have found that some women also experience PTSD-like symptoms.

## Coping with poor mental health

During pregnancy ensure the woman has as much support as possible – both practical and emotional. See the other sections of our site for advice. She needs to be able to rest and relax without feeling guilty. If she is experiencing significant mental health problems then mention it to the GP. Some women have sought counselling and other psychological therapies. However, because she is so ill this may not be effective or welcome.

Following the birth, then it is important to seek help for any mental health issues. Below are some links to organisations that may be able to help. If the GP or midwife is helpful then ask for a referral to a local service. Most GP practices should be able to refer her for Cognitive Behaviour Therapy (CBT). Post-natal depression tends to be well recognised and supported these days and the woman will hopefully be met with empathy and kindness. Ask your partner to help explain things. Above all, get help.

## Coping with trauma

Nausea and vomiting in pregnancy and Hyperemesis Gravidarum can be very traumatic. It can put a severe physical and mental stress on a woman and those around her. The suffocation sensation that comes with unrelenting retching or vomiting can be quite traumatic, almost tortuous. Relationships can be strained. Women experiencing NVP or HG can feel a loss of control, as their lives turn upside down and are unable to care for themselves for a long period of time.

The fear, helplessness, and horror of HG may trigger traumatic symptoms, such as flashbacks, intrusive images, nightmare, numbness, depression, and a tendency to feel withdrawn. These symptoms can continue for some time after the baby is born.

Research shows that cognitive behaviour therapy (CBT) can help with trauma. The below techniques may help you.

- Give yourself permission to look after yourself and to try to find a few moments for you.
- Try to process your experience by writing about it or painting an image of your experience. It is important to write in the first person and present tense to help you capture as much detail as possible. You will need time and space to do this.

If your traumatic symptoms persist, seeking professional help from a fully trained CBT therapist may be beneficial. A good website for finding a CBT therapist is the British Association for Behavioural and Cognitive Psychotherapies (see below for web address).

## Sources of help

The Royal College of Psychiatrists have some information on their web site

<http://www.rcpsych.ac.uk/members/sections/perinatal.aspx>

The Maternal Mental Health Alliance (MMHA) is a coalition of UK organisations committed to improving the mental health and wellbeing of women and their children in pregnancy and the first postnatal year. Their web site is:

<http://maternalmentalhealthalliance.org.uk/>

For more serious mental health issues, the UK Postpartum Psychosis Network has some useful resources.

<http://www.app-network.org/what-is-pp/>

Mind is a national charity supporting all mental health issues. They can provide help in a crisis and give further advice about help local to you. - <http://www.mind.org.uk/>

Black Dog Tribe is a social networking platform for people with a mental health condition. They offer support and help and a safe community. <http://blackdogtribe.com/>

In the South West the Angela Harrison Trust provides support, information and education about peri- and post natal depression. <http://www.help4mums.org>

For private counselling, you could find a registered counsellor through the Association for Counselling and Psychotherapy. Here is the link to their directory: <http://www.itsgoodtotalk.org.uk/therapists/>

British Association for Behavioural and Cognitive Psychotherapies

<http://www.cbregisteruk.com/Default.aspx>



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