

Information for the Carers of Women with Pregnancy Sickness

Pregnancy sickness and hyperemesis gravidarum is not just a challenge for the mother to be but for her loved ones too. It can be absolutely horrendous to watch your partner, daughter, sister or friend suffer so much at what should be a happy and exciting time. This page is to offer advice for those people involved in the care of women with all degrees of nausea and vomiting in pregnancy (NVP), many of whom are faced with the unique and difficult challenges of this 'taboo' condition.

We also recommend a group on Facebook which was set up by the husbands of some of the PSS volunteers to offer support to the partners of women suffering with this condition (it is a 'closed' group so posts will not appear on your wall for everyone to see!). It can be hard for partners and friends to truly understand quite how awful the unrelenting and constant nausea and vomiting can be and as a result many feel lost as to how best to help their loved one.

Partners can be faced with the challenge of advocating for their wife or girlfriend who may be too sick or exhausted to advocate for themselves. Many partners are also faced with the challenge of researching treatment options as sadly many health care professionals are lacking in knowledge about how to treat NVP and are inclined to tell women and their partners that the treatments pose a risk to the foetus without balancing this against the risks of not treating.

We have provided all the current research on this website for you to access as well as useful charts such as fluid balance charts to monitor dehydration and drug charts to keep track of her medication. Please do contact us if you are struggling to access appropriate medical support for your partner.

Whether nausea and vomiting starts early or late, that is before week 4 or after week 7, from the first day of the last menstrual period (LMP), or whether NVP starts severely or mildly, for most people NVP ceases between weeks 12-14 from LMP. However, about 10% of NVP gets worse after week 10 from LMP. Less than 10% of pregnant women have NVP which continues after the end of week 20 from LMP. For 30% of women, NVP ends quite abruptly, there being at least 14 hours of nausea in the week before symptoms cease. The remaining 70% of women show gradual improvement with episodes of nausea lasting less time and eventually there being only one episode a day. A day clear of nausea and vomiting is a good sign that symptoms will not last too much longer.

Eating Habits

NVP usually occurs in waves or episodes typically lasting 1-4 hours, though the worse the NVP the longer each episode of nausea lasts. Between these episodes women find they are able to eat and drink. Indeed half of women suffering NVP find that eating actually reduces the nausea! In between these waves of nausea about half of mothers-to-be with even severe NVP actually have cravings for particular foods. It is acceptable for her to eat the foods she fancies with certain exceptions which include: Paté, Liver, Soft Cheeses and uncooked eggs (which may contain harmful bacteria). She need not worry about a 'healthy diet' or specific meal times while she has NVP. Quantity is more important than content and often eating small amounts frequently can help to reduce NVP. Plenty of fluid is particularly important to prevent dehydration so she should drink as much as she comfortably can between episodes of nausea, with the exception of alcoholic drinks or soft drinks with high caffeine content, for example coke. A total of three cups of coffee or tea should be regarded as a maximum per day.

She may need you to prepare food for her and if you are going to be out at work all day then try to prepare snacks for her in advance. For some women, by the time they have prepared some food to eat the nausea free moment has passed and they are unable to eat what they have prepared or the movement and activity of preparing the food can result in vomiting immediately after eating.

Dehydration

Most women with troublesome NVP state that nausea (occasionally associated with retching) throughout the day is the most troublesome symptom of NVP, but actual vomiting is more serious as it is more likely to lead to dehydration. Persistent vomiting 4 or 5 times per day, dry mouth and lips, passing only small amounts of dark urine, for example 500ml per day, are signs associated with dehydration. They are of particular concern if they are associated with the loss of 5%, or more, of her pre-pregnancy weight, or the presence of ketones in her urine. Such symptoms, which are signs of Hyperemesis Gravidarum (HG), should be reported to your G.P. Ketones in the urine can be simply detected by buying a bottle of Ketostix from the chemist and following the instructions with the test. Severe dehydration may need intravenous treatment to correct fluid and electrolyte imbalance by a "drip" in hospital. About 1% of pregnant women require such treatment. Even severe NVP is not associated with any increase in abnormality for the baby, though an abnormality may occur in up to 1 - 3% of babies, at birth, whether the mother-to-be has any degree of NVP or none.

Smells

One of the most common things to make NVP worse are various smells, many of which are normally quite acceptable to her but become offensive when suffering from NVP. She may even smell unpleasant odours in a room which nobody else can detect. Certainly shopping and cooking can become burdensome. Cold food for the family will reduce the problem for her. Avoid having too much garlic in your diet and try not to take offence if she finds the smell 'of you' unpleasant - perhaps try a new or odourless deodorant and avoid strong shower gels and aftershaves.

It can be particularly distressing for a mother in subsequent pregnancies who may find the smell of their child/children unpleasant if they have eaten garlic or other strong smelling foods; try to reduce the risk of this happening with bland family meals and taking on 'nappy changing duties' when you are able.

Rest and well being

Experience has shown that another important way to reduce nausea and vomiting is rest, preferably lying down, especially after meals or when nauseated. 70% of mothers who have severe NVP say that they "are not as efficient mothers as they would like to be" requiring extra help from carers or relatives. Indeed if she has paid employment it may help her to know that approximately 30% of pregnant women need time off work due to NVP. In addition she may well join the 50% of women with severe NVP who feel depressed due to the constant nausea itself and by the effect it is having on her life and yours. She may also develop fluctuating and variable aversions to various previously enjoyed stimuli, whether they are visual, smell, taste, tactile or sensual. She will therefore need your understanding and sympathy during this period.

Treatment

If NVP begins to affect her life, treatment can be given, usually starting within 2-3 weeks after NVP starts. There is no treatment which cures NVP but there are several which can significantly improve the condition and there is evidence that early treatment may prevent severe symptoms developing. Treatments include taking a pregnancy prepared multi-vitamin tablet daily throughout pregnancy. Each tablet contains 400 micrograms of folic acid which is the correct daily dose in pregnancy, no vitamin A and up to 10mg of Vitamin B6 (pyridoxine) the vitamin known to reduce NVP. These pregnancy prepared multi-vitamin tablets can be bought at the chemist but your G.P. should be informed. For further information please see the treatments page on our website.

Future pregnancies

As the pregnancy progresses, you will ask, "What is the probability of these symptoms arising again in a further pregnancy?" From the few investigations that have addressed this aspect of NVP we would say that there is a 50-66% chance that NVP will be similar from one pregnancy to the next. This applies if the mothers-to-be has had severe or slight NVP in the present pregnancy. Therefore there is a 33% chance that NVP will be considerably better in a further pregnancy. It also follows that 33% of pregnant women may be unpleasantly surprised that NVP is much worse in a subsequent pregnancy. Recent medical studies have shown the recurrence rate to be as high as 70-80%. About 13% of women are surprised when NVP is the first indication that they are pregnant. This surprise element to NVP suggests that it is a physical bodily hormonal occurrence in pregnancy, rather than a nervous reaction to a stressful situation. For women who suffer with severe NVP and hyperemesis gravidarum, treatment in second and subsequent pregnancies should be started pre-emptively, even before conception. It is a good idea to meet with your GP in advance of subsequent pregnancies to have an 'action plan' in place; try to go with her to make this plan and tackle the condition 'as a team'.

Finding sympathy

It is quite likely that neither of you will receive much sympathy or support for the problems of NVP, because 25% of women have no NVP during pregnancy and another 35% have only up to 33 hours or less of NVP in a pregnancy, so naturally 60% of women and their husbands or partners feel there is no significant problem with NVP. Also the term "morning sickness" tends to trivialise the condition and as just 14% of women have NVP only in the mornings the term is clearly misleading. However, there are about 30% of women who have NVP have a total of between 100 and 700 hours of nausea during a pregnancy, so there will be strong support from a fairly small sector of women and their menfolk. Try to find a sympathetic friend who will understand your present problems all too well. As mentioned at the start of this section we recommend the Facebook group 'Partners Pregnancy Sickness Support'. To talk to us for information or support, Our details are on our website.

One of the problems for you both is that NVP is so unpredictable during pregnancy in both severity and duration (For further information please see our leaflet entitled "What causes pregnancy sickness"). However NVP when associated with a normal scan of the uterus is a good sign for a successful outcome for the pregnancy.

There is then a need for family, friends and employers to provide practical help to ease the burden of NVP. Understanding that the mother-to-be has an important problem at the present time, caused solely by being pregnant, combined with practical re-organisation of house duties, particularly in the kitchen, will no doubt be appreciated as a problem shared, even if it cannot be a problem halved.



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Contact us for more information

024 7638 2020

www.pregnancysicknesssupport.org.uk
info@pregnancysicknesssupport.org.uk