THE HG COLLECTIVE

Hyperemesis Gravidarum (HG) Patient Information Leaflet

What you need to know — written for you, by someone who's been there.

If you're reading this, you're probably exhausted, scared, and tired of being told to "try ginger biscuits." This isn't that leaflet. This is what we wish someone had handed to us when we were pregnant and suffering from severe pregnancy sickness.

This is not "just morning sickness"

Hyperemesis Gravidarum (HG) is severe, relentless nausea and/or vomiting in pregnancy that can prevent you from keeping down food and fluids, can cause rapid weight loss, and can make ordinary life, like working, brushing your teeth, or standing up, impossible. It's not caused by anxiety, and it's not a sign you're not coping. It's a recognised medical condition, and it's serious enough that it's one of the most common reasons for hospital admission in early pregnancy.

Symptoms — and when to get help urgently

You might recognise: constant nausea, vomiting many times a day, unable to keep down food or water, weight loss, dizziness, extreme fatigue, or dark/reduced urine.

Contact your midwife, GP, or maternity unit the same day if:

You haven't kept any fluid down for 24 hours, you feel faint or your heart is racing, your urine is very dark or you're barely passing any, you're losing weight, or you just feel that something isn't right. Trust that instinct — you don't need to "prove" it's bad enough first. If you have no luck contacting the medical professionals above call NHS 111 or go to A&E.

What treatment options are available?

There are anti-sickness medications that are considered safe in pregnancy — several can be prescribed together and combinations are often adjusted until something works, so it's worth going back if the first one doesn't. If you're dehydrated, you may need IV fluids, which can sometimes mean a short hospital or day-unit admission — this is common, not a failure. In more severe or prolonged

cases, additional support around nutrition and steroid treatment may be considered. You should ask directly for medication rather than "seeing how it goes." You know your body. You know how unwell you are.

Getting through the day

Small sips, small meals, ginger, wristbands, rest — you've likely already tried all of it. Honestly, with HG, these things often don't touch the sides, and that's not because you're not trying hard enough. Some people find bland, cold, or salty foods sit better than others; some can only manage ice chips for days at a time. There's no universal fix — what matters more is not blaming yourself when the "tips" don't work, and accepting practical help (meals, childcare, time off) without guilt.

Your mind matters too

HG can be frightening and isolating — grief for the pregnancy you imagined, low mood, or intrusive thoughts about the pregnancy are common and don't make you a bad parent-to-be. Mention how you're feeling to your midwife or GP as openly as you would a physical symptom; support for your mental health is part of your maternity care, not a separate ask.

If you feel like you're not being taken seriously

You know your body. If you feel dismissed:

- Ask specifically for a pregnancy sickness scoring assessment (PUQE) — it gives your symptoms a measurable severity, but they should take a holistic view of your situation.
- Ask to be referred to, or seen by, an early pregnancy unit (EPAU) or maternity assessment unit (MAU) rather than staying with general advice alone. Ask to be referred to an Obstetrician.
- Bring someone with you, or write your symptoms down beforehand — it can be hard to advocate for yourself when you are feeling so ill.
- You're allowed to ask for a second opinion, or to see someone else, if you're not being heard.
