

## Hyperemesis Gravidarum – What Mental Health Clinicians Have To Offer



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## Hyperemesis Gravidarum

- First trimester onset
- Severe nausea and vomiting of pregnancy
- 5% pre-pregnancy weight loss
- Dehydration
- Electrolyte Imbalance
- Hospitalisation – continued NVP with inability to keep antiemetics down/ ketonuria/ >5% weight loss



## History

- Functional adaption = conversion disorder
- 1914 ‘simulating pain to obtain an abortion’
- *‘My routine is as follows: From the moment the patient enters hospital she is denied the solace of the vomit bowl. She is told that, in the event of not being able to control herself, she is to vomit into the bed; and the nurse is instructed to be in no hurry about changing her. . . I assure them very dogmatically that they are going to stop vomiting at once, and that they will leave the hospital perfectly well in a week.’* Atlee 1934



What idiot decided to  
call it morning  
sickness?!

I've got this crap ALL  
DAY!!!

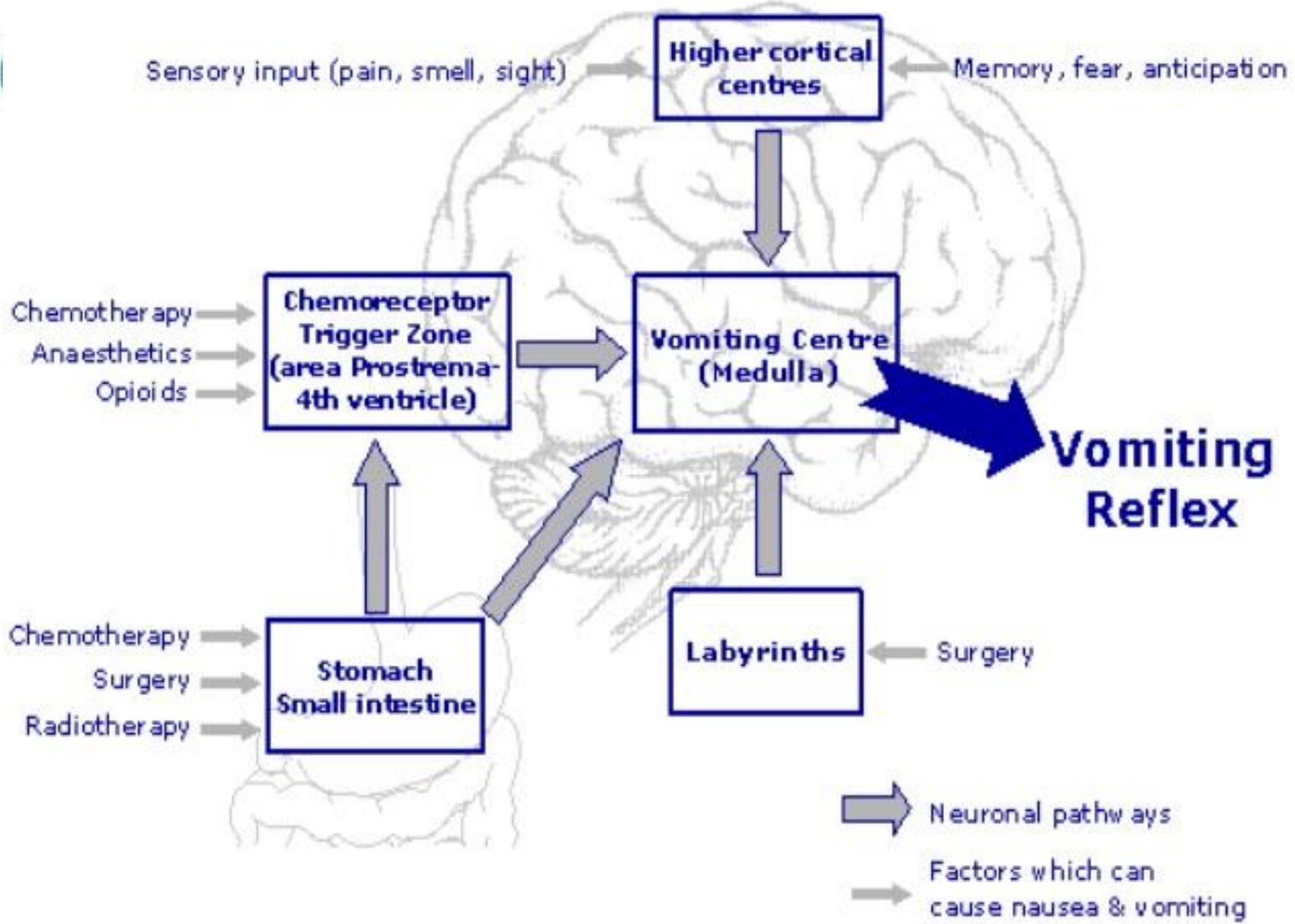


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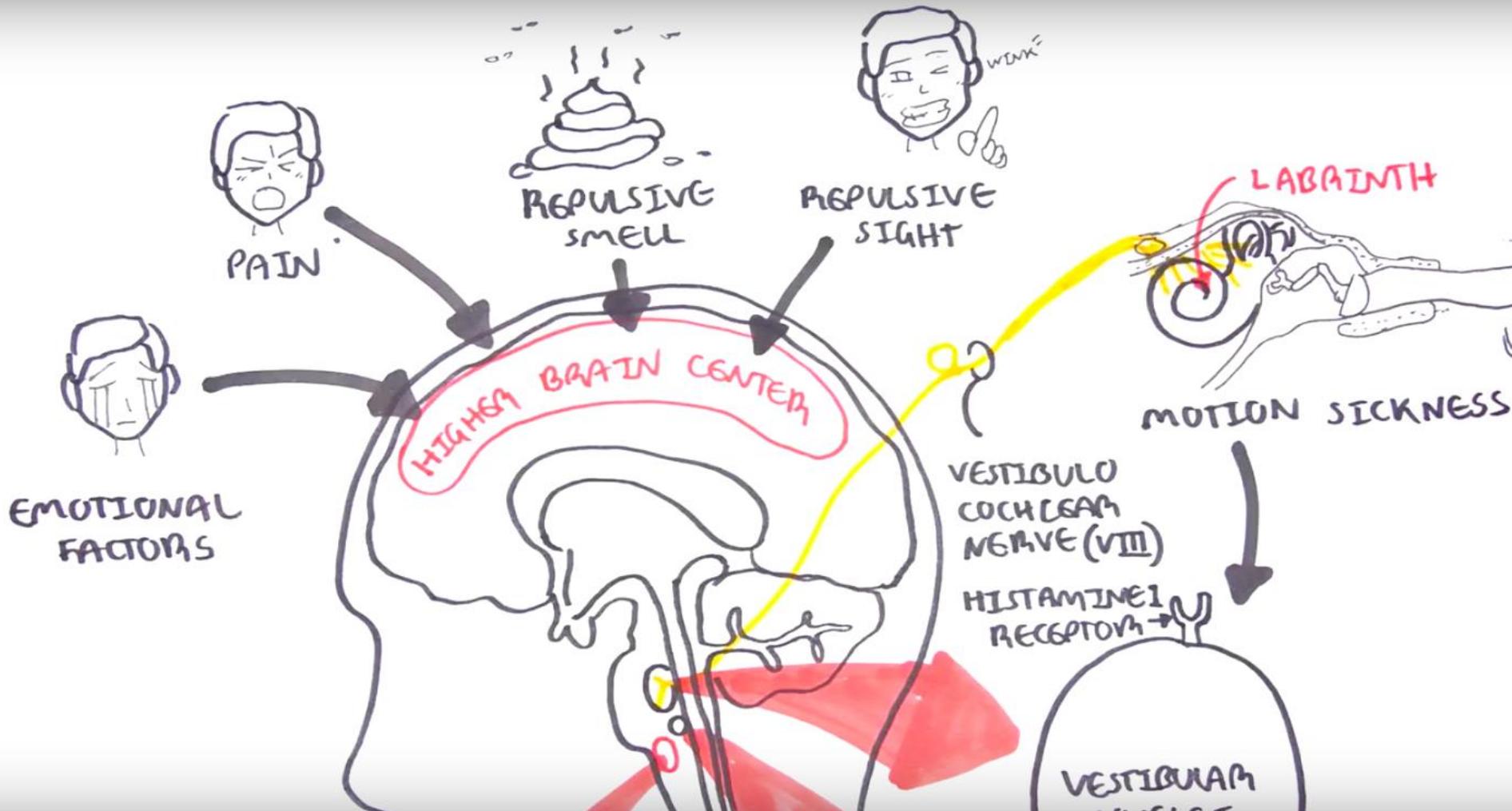
## Incidence and Risk Factors

- 80% all pregnancies have N&V
- 0.3-2% HG
- 2<sup>nd</sup> most common reason for admission after PTL
- Recurrence is high (15.2-81%), family Hx
- Reduces by 10% with change in paternity
- 4-7<sup>th</sup> week of pregnancy
- Increased with multiple births, molar pregnancy
- Previous MHD increases risk





## Higher Cortical Centres





## Impact on Mother

- Dehydration, Ketosis, abnormal liver/thyroid/renal function, muscle wasting, fatigue, detached retinas, oesophageal tears, fractured ribs, burst ear drums, encephalopathy
- Termination – 40% consider it, 10% complete it
- Before IV hydration – death.....





## Impact on baby

- Low Birth weight, SGA, Preterm Birth
- Possible fetal death
- Association with neurodevelopmental diagnoses
- Other physical health problems – allergies, constipation, reflux, growth restriction, lactose intolerance, chronic respiratory and ear infections
- Developmental Origins of Health and Disease
- Attachment relationship



## Psychosocial Impacts

- Limited research into the impact for women
- 61 x more likely to need >4 weeks off work
- Many were not paid or asked to take maternity leave early
- Family, social functioning, couple relationship
- Attachment relationship – “I don’t even like this baby”



## Mental health impact

- HG – depression 14 x more likely at the end of T1
- 5 x more likely at 6 weeks POST PARTUM!
- More likely if anxious temperament ?
- Emetophobia – 8.8%
- Eating Disorders
- 10% PTSD symptoms



## Medical treatment

- Inpatient Treatment
- Ambulatory Treatment
- Community Based Treatment with Antiemetics
- Enteral nutrition
- Parenteral nutrition
- Termination



## Medical treatment

- H1 – phenothiazines and antihistamines
- 5HT3 - ondasteron
- D2 – metoclopramide
- Muscarinic
- Mirtazapine (5HT3 and H1, +NA and M)
- Benzodiazepines
- Steroids
- Ginger, acupressure



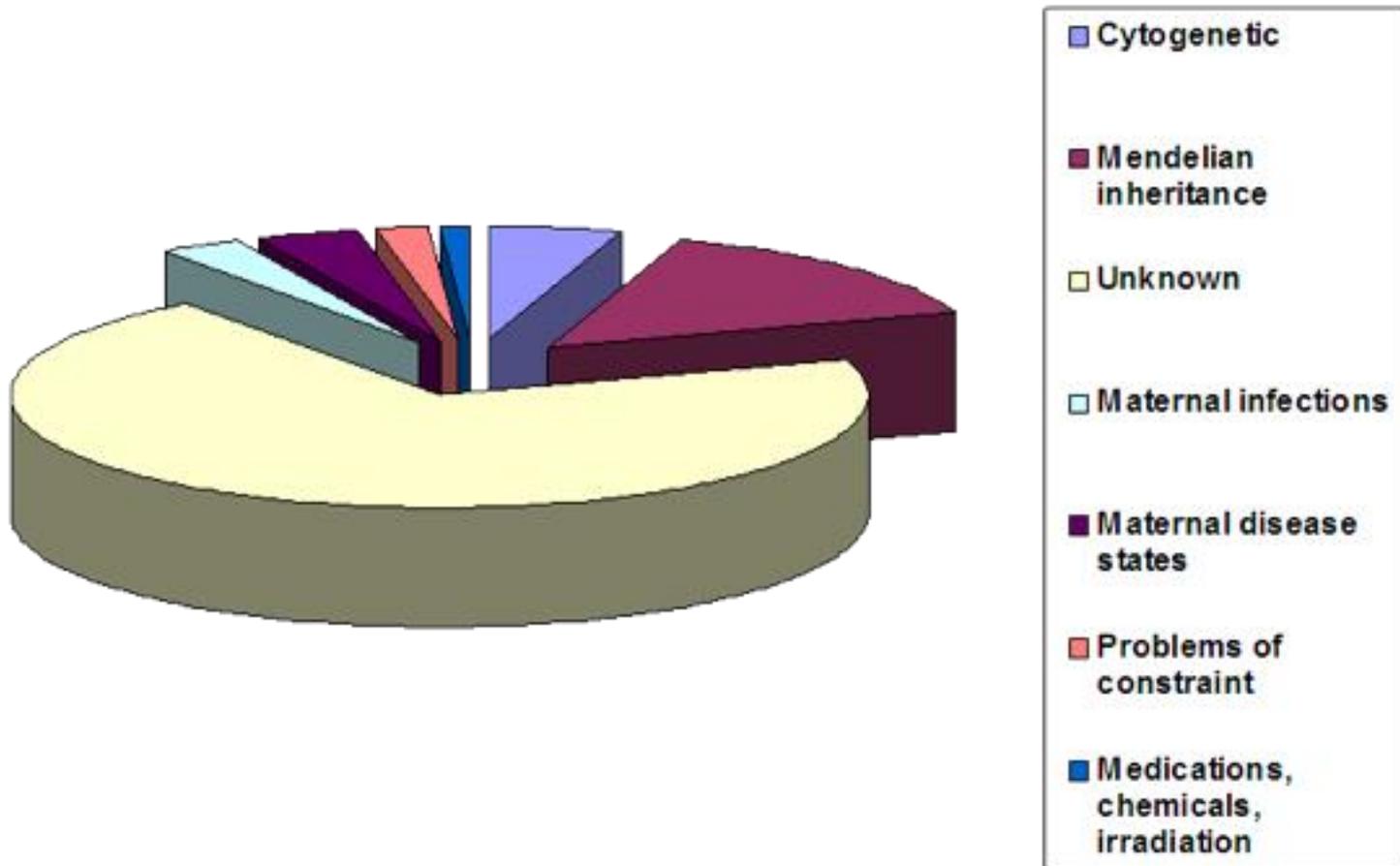
## Safety of medications for HG in pregnancy

- Thalidomide – 1956 discovery in Germany – ‘Wonder Drug’
- Sedative, antiemetic, coughs, colds and headaches
- No control or research in pregnancy
- 1961 taken off the market in UK but remained in use in many countries through to the 1970s
- 2000 deaths, 10 000 with serious birth defects
- Today, skin complication of leprosy, multiple myeloma.





# Congenital Malformations





# ADEC

<b>A</b>	<b>Safe</b>
<b>C</b>	Have caused or may be suspected of causing harmful effects on the human fetus or neonate...without malformations....may be reversible
<b>B</b>	Limited number of human pregnancies...no increase in malformations
<b>B1</b>	Animal Studies safe
<b>B2</b>	Animal Studies inadequate data
<b>B3</b>	Animal Studies increased fetal damage
<b>D</b>	Fetal Malformations/irreversible damage
<b>X</b>	High risk should not be used in pregnancy or when a possibility of pregnancy



# Commonly Prescribed Medications and ADEC

<b>A</b>	<b>doxylamine, pyridoxine</b>
<b>C</b>	Cipramil, Lexapro, Luvox, Prozac, TCA, Zoloft, Seroquel, Risperidone, Olanzapine, Promethazine, Benzodiazepines, prochlorperazine
<b>B1</b>	Edronax, Ondansetron, metoclopramide
<b>B2</b>	Effexor, Mianserin, Parnate, Pristiq
<b>B3</b>	Aurorix, Avanza, Nardil, Cymbalta, Melatonin
<b>D</b>	Aropax, NaV, Lamotrigine, Lithium
<b>X</b>	



## Psychosocial Treatment

- Validation and support – the importance of being believed
- Advocacy at work
- Support for and from family
- Manage mental health symptoms
- Attachment relationship – ambivalence is normal





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