Chapter 2

HYPEREMESIS GRAVIDARUM

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INTRODUCTION

Pregnancy-related nausea and vomiting varying prevalence ranging 35- 91% affects a wide ratio of women (1). A little percentage of women will be a serious type of the condition, named hyperemesis gravidarum, and is one of the majority of causes for acceptance to the hospital in the early period of pregnancy (2). Already, there is not universally description agreed for hyperemesis gravidarum. It is most commonly accepted that hyperemesis gravidarum requiring secondary care intervention (3). The etiology of hyperemesis gravidarum has been widely studied, it is complex and multifactorial (4).

Hyperemesis gravidarum have a deep effect on standard of life and can cause important psychological and physical morbidity. Hyperemesis gravidarum, has been established to have important psychological, economic, and social inferences for their families and women (5-7). The impact of caring medical therapy such as intravenous hydration and antiemetics is changeable (8). Hyperemesis gravidarum patients request a large arriving level of care which expands beyond working of physical signs (9).

Women have to face adverse situations depending to poor standart of life, poor self-respect, post-traumatic stress disorder, stress levels, financial and relationship difficulties (9-13).

CLINICAL DIAGNOSIS

Accordingly the newest "American College of Obstetricians and Gynecologists (ACOG) guidelines on Nausea and Vomiting of pregnancy (2015)" there is no unique description of hyperemesis gravidarum. For identification of hyperemesis gravidarum, usually criteria include permanent vomiting not connected to the other reasons, a measure of hunger (urine analysis shows ketonuria), weight loss, electrolyte aberrances and acid base imbalances. Loss of weight is often calculated

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Women with nausea and vomiting may not continue vitamins containing iron during the first part of pregnancy. We replace them with vitamins low in iron or folic acid.

Due to their safety and impact, pyridoxine and doxylamine combination treatment or pyridoxine monotherapy is recommended as first step in management of nausea and vomiting.

Managing of hyperemesis, H 1 receptor antagonists should be considered.

For the management of vomiting, as an adjuvant therapy metoclopramide may be used safely.

For severe vomiting phenothiazines are effective and safe as a combined therapy.

When other antiemetic compositions have been unsuccesful, ondansetron may be used as a combined treatment for managing of serious nausea and vomiting.

Corticosteroids have possible increased risk of oral clefting, may be avoided during the first trimester and should be constricted to persistent cases.

Researchs of other possible reasons may be admitted, when nausea and vomiting is resistant to early medical therapy.

If the case is't completely treatened, it can sequel in significant problems of health, including Wernicke's encephalopathy, malnourishment, depressive disorders, coagulation, imbalances in electrolytes and adverse outcomes like impaired development, fetuses that are undersized, fetal anomalies and prematurity (32).

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