Information Leaflet

NHS
Liverpool Women's
NHS Foundation Trust

Corticosteroid treatment in Hyperemesis Gravidarum Patient Information Leaflet

What is Hyperemesis Gravidarum?

Nausea and vomiting in pregnancy are very common, affecting up to 80% of pregnant women.

Hyperemesis gravidarum (HG) is a severe form of nausea and vomiting during pregnancy; this is less common, affecting 1-3 in every 100 pregnant women. This type of nausea and vomiting in pregnancy is diagnosed by your healthcare practitioner when you have significant dehydration (feeling dry mouthed, very thirsty, drowsy or you have dark urine) and weight loss.

Some women with this condition need to be admitted to hospital for support. This can include fluids through a drip or medications as injections or through a drip as well as nutritional support.

Why does Hyperemesis Gravidarum happen?

Nausea and vomiting in pregnancy and hyperemesis gravidarum are thought to be due to the pregnancy hormone, human chorionic gonadotrophin (hCG). There is no clear reason why some women get it worse than others. It is more likely to occur if you have had it before, you are having twins or triplets or rarely, if you have been diagnosed with a molar pregnancy (where the placenta overgrows and the pregnancy does not form correctly).

Where can I find out more about Hyperemesis Gravidarum?

The team at the women's are always happy to discuss HG or any concerns you have. We have a leaflet about sickness and vomiting in pregnancy on our website that can be found here.

www.liverpoolwomens.nhs.uk/media/2755/die_2018-192-v2-sickness-vomiting-in-pregnancy.pdf

There is also an excellent online support network through the charity Pregnancy Sickness Support. This can be accessed on the web address below

www.pregnancysicknesssupport.org.uk

We would encourage anyone affected by nausea and vomiting in pregnancy and their families to visit this site as it has a lot of information, advice and support.

What are corticosteroids?

Corticosteroids are strong anti-inflammatory, immunosuppressive and anti-sickness medications. There is increasing evidence that steroids are an effective treatment for hyperemesis gravidarum.

The way they help with anti-sickness is unclear.

Corticosteroids have been used for a long time in pregnancy for other conditions such as acute asthma, inflammatory bowel disease and to speed up lung development in babies at risk of premature birth.

At what point should I be treated with corticosteroids for hyperemesis gravidarum?

Your doctor will consider prescribing you a course of corticosteroid treatment after you have tried other anti-sickness medications, and they have not been effective at reducing or stopping your vomiting symptoms. This is a medication that is only started in hospital by the specialist early pregnancy team. Corticosteroids are termed a “third-line” medication which means that you will be prescribed both first- and second-line treatment prior to consideration of this therapy. See example below:

Appendix III: Recommended antiemetic therapies and dosages

First line	• Cyclizine 50 mg PO, IM or IV 8 hourly • Prochlorperazine 5–10 mg 6–8 hourly PO; 12.5 mg 8 hourly IM/IV; 25 mg PR daily • Promethazine 12.5–25 mg 4–8 hourly PO, IM, IV or PR • Chlorpromazine 10–25 mg 4–6 hourly PO, IV or IM; or 50–100 mg 6–8 hourly PR
Second line	• Metoclopramide 5–10 mg 8 hourly PO, IV or IM (maximum 5 days' duration) • Domperidone 10 mg 8 hourly PO; 30–60 mg 8 hourly PR • Ondansetron 4–8 mg 6–8 hourly PO; 8 mg over 15 minutes 12 hourly IV
Third line	• Corticosteroids: hydrocortisone 100 mg twice daily IV and once clinical improvement occurs, convert to prednisolone 40–50 mg daily PO, with the dose gradually tapered until the lowest maintenance dose that controls the symptoms is reached

IM intramuscular; **IV** intravenous; **PO** by mouth; **PR** by rectum.

Table 1. Recommended anti-sickness therapies (RCOG GTG 69)

Benefits of corticosteroid use in hyperemesis gravidarum

There is good evidence that corticosteroids can dramatically improve the symptoms of severe hyperemesis gravidarum that have not responded to other anti-sickness therapies.

How will I take corticosteroids?

Corticosteroids are usually started while you are in hospital. They will be commenced intravenously (through the vein) at a high dose. When you feel better, they will be given as oral tablets and gradually reduced over several weeks (Table 1) until they are stopped altogether or continued at a low dose.

Are there any side effects?

Side effects of corticosteroids are uncommon - your doctor should prescribe the lowest effective dose for the shortest time possible.

Examples of side effects include some disturbance of mood, developing ulceration of the gastric tract (your stomach and bowel) and muscle breakdown. Less commonly, changes in your blood pressure, swelling and electrolyte disturbances (the salts in your blood) can occur. With prolonged use they are associated with diabetes, gestational diabetes, and osteoporosis (bone thinning).

Seek medical attention if you experience visual disturbances for example, blurring of your vision.

Are there any reasons I should not be taking corticosteroids?

This medication should not be used if you have a widespread serious infection.

Are corticosteroids safe for me to take during pregnancy?

Corticosteroids are generally safe to take in pregnancy. Only a small amount of corticosteroids used for hyperemesis gravidarum pass through to your baby.

There is some association between taking corticosteroids in pregnancy and cleft lip/palate. Since 2003 no study has proven a significant risk but the rate for cleft lip/palate is believed to be increased from 1.7 to 2.7 per 1,000 babies born to mums who have taken corticosteroids in pregnancy.

It is important to stress that the effects of hyperemesis gravidarum itself on pregnancy can be significant. HG is associated with low birth weights, preterm birth, dehydration and malnutrition for mum, increased risk of blood clots and in some circumstances families having to make the very difficult and heart-breaking decision to end a pregnancy because they cannot continue with the sickness.

Your obstetrician may recommend that you have a test for gestational diabetes during your pregnancy if corticosteroids are taken long-term.

When will I stop taking corticosteroids in my pregnancy?

Most women will stop corticosteroid treatment by 18-20 weeks of pregnancy. 1 in 5 women may require a low dose for the rest of the pregnancy to control nausea and vomiting, sometimes until delivery.

The most important thing when you stop your steroids is that you do it gradually. This is usually done by reducing the dose by 5mg (1 tablet) each week. For some women this causes the nausea and vomiting to return. If this is the case we would advise you to go back to the dose level that stopped your sickness symptoms.

Who will look after me as my pregnancy progresses?

You will be followed up by a consultant in the antenatal clinic. They will advise you further on managing your medications and will arrange growth scans for your baby from 30 weeks.

Further information
Liverpool Women's Hospital website

There are information leaflets on the website for early pregnancy. Look for the tab for patients, then patient information leaflets. Select gynaecology and you will see and area for early pregnancy. Here are all our specific early pregnancy leaflets. Below is the direct link to the sickness and vomiting in pregnancy leaflet

www.liverpoolwomens.nhs.uk/media/2755/die_2018-192-v2-sickness-vomiting-in-pregnancy.pdf

Pregnancy sickness support

An online charity for women and their families who suffer sickness and vomiting in pregnancy

www.pregnancysicknesssupport.org.uk/get-help/treatments/

Royal college of Obstetricians and Gynaecologists (RCOG)

This is our medical body that produces guidance and support for doctors, nurses and midwives caring for women and their families in pregnancy. They also write information leaflets for women and their families. They have information on pregnancy Sickness (nausea and vomiting of pregnancy and hyperemesis gravidarum) accessible at

https://www.rcog.org.uk/en/patients/patient-leaflets/pregnancy-sickness/

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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