



## Framework for safe acupuncture practice when treating:

# Hyperemesis Gravidarum

### Professional Safety and Red flags when treating Nausea and Vomiting in Pregnancy

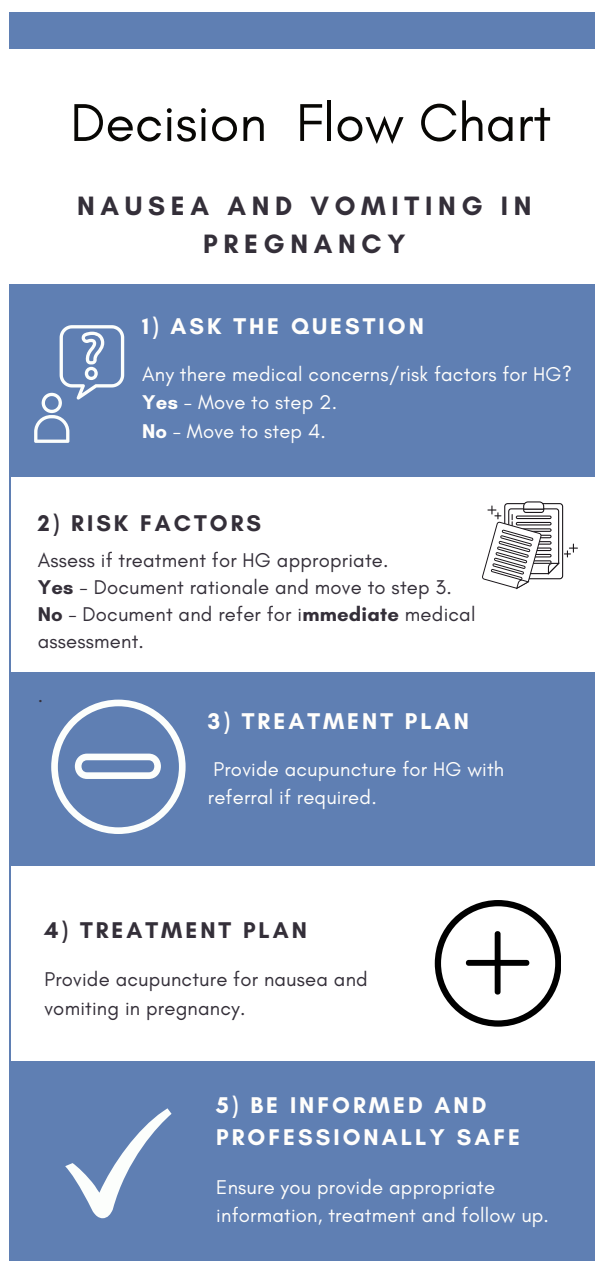
While nausea and vomiting are common in early pregnancy, it is vital to recognize the more serious, but less common (up to 3%) condition Hyperemesis Gravidarum (HG). This can result in severe dehydration with life-threatening consequences. Practitioners need to be aware of referral requirements to the prenatal primary care provider, adherence to suggested clinical documentation guidelines (shown below), awareness of ongoing primary care/medical monitoring and familiarity with the risks factors when offering treatment for HG.

**Background:** Hyperemesis Gravidarum (HG) is a severe form of nausea & vomiting in pregnancy and can present additional complications. Pre-existing conditions for HG include: prior history of HG, pre-existing diabetes, hyperthyroid disorder, depression or psychiatric illness, asthma and gastrointestinal conditions. Other pregnancy-associated conditions such as a younger age, multiple pregnancies and molar pregnancy are also associated with increased nausea and vomiting. There is now also evidence of a genetic link with HG.

Due to intractable vomiting with HG, there may be signs of dehydration such as ketonuria, electrolyte imbalance and weight loss of 5% of pre- pregnancy weight. Prenatal complications for HG include severe anxiety, depression, encephalopathy and termination. Foetal complications include preterm birth and low birthweight / small-for gestational-age babies. However, there does not appear to be an increased risk of spontaneous abortion, stillbirth, or neonatal death. Medical management involves ceasing iron supplementation, giving fluids via intravenous infusion and anti-emetic drugs. HG may require admission to hospital but in some cases, care is managed in an out-patient clinic. Unlike nausea and vomiting which usually improves around 12-14 weeks of pregnancy, HG can persist throughout pregnancy, sometimes requiring repeated admissions to hospital.

There is some evidence for acupuncture and acupressure assisting with pregnancy nausea and vomiting (see recommended reading below), but very little for HG in the research literature. Anecdotally, practitioners have had success with acupuncture for HG, but treatment needs to be frequent, and rehydration must come first if needed.

**Risk factors that require consideration:** Considerations for referral for medical assessment and intravenous fluids include: infrequent dark coloured urination, inability to keep any food or drink down for more than 12 hours, a weight loss of 5 pounds, (2.3 kg), vomiting with blood, dizziness on standing and abdominal / pelvic pain or cramping.



Appropriate documentation for professional safety & when presenting as a case history

- Gestational age in weeks and pregnancy history (number of pregnancies and live births).
- Medical management plan (admission for IV fluids, medication, monitoring, etc.).
- Are there any risk factors of concern or contraindications?
- If medical risk factors exist, document your referral and/or communication with the primary medical caregiver.
- Your diagnosis and treatment plan
- Continuing communication with primary medical caregiver, as appropriate.

**Recommended reading:**

Royal College of Obstetricians & Gynaecologists Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum <https://www.rcog.org.uk/globalassets/documents/guidelines/green-top-guidelines/gtg69-hyperemesis.pdf>

**Websites:**

[www.hyperemesis.org](http://www.hyperemesis.org)

[www.pregnancysicknesssupport.org.uk](http://www.pregnancysicknesssupport.org.uk)