

Basic B.Sc In Nursing 4th Year

Subject: Midwifery & Obstetrical Nursing II

Topic:Hyperemesis gravidarum

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Hyperemesis gravidarum

Definition of hyperemesis gravidarum:

It is a severe type of vomiting of pregnancy which has got deleterious effect on the health of mother and/or incapacitates her in day to day activities.

Cause of hyperemesis gravidarum:

- It is mostly limited to the first trimester.
- It is more common in first pregnancy.
- It is more common in unplanned pregnancies but much less amongst illegitimate ones.
- Younger age.
- Low body mass.
- Family history.

Clinical features of hyperemesis gravidarum:

Symptoms-

1. Vomiting is increased in frequency with retching.
2. History amenorrhoea.
3. Progressive deterioration of health, the patient is confined to bed.
4. Urine quantity is diminished even to the stage of oliguria.
5. Epigastric pain.
6. Constipation.
7. In severe cases-symptoms of complications, like-
 - Restlessness.
 - Sleeplessness.
 - Dimness of vision.
 - Diplopia.
 - Korsakoffs psychosis. (results from permanent damage to areas of the brain involved with memory)

Signs-

1. Features of dehydration and ketoacidosis -
 - Dry coated tongue.
 - Sunken eye.
 - Tachycardia.
 - Hypotension.
 - Rise in temperature may be noted.
2. Progressive emaciation with loss of weight.
3. Anxious look.
4. Rapid pulse (100-120 or more per minute).
5. Fall of blood pressure.
6. In later stage-
 - Temperature rises.
 - Jaundice.
 - Haematemesis.
7. Per-vaginal examination: confirms pregnancy.

Treatment:

- 1.The Patient must be admitted to hospital.
- 2.Isolation and reassurance.
- 3.The patient is kept nothing by mouth and nutrition is maintained with I.V fluids.
 - 5% DA 1500ml+5% DNS1500ml in 24 hrs(as 3L fluid is needed per day)
 - Urinary output + loss in vomitus is replaced by 5% DA.
- 4.Anti-emetic e,g ondasetron (8mg I/V tds)or promethazine-(25mg I/M tds)
- 5.Sedative –diazepam.
- 6.Nutritional support- inj, Vit B1(100mg),vit B6,vit C(100mg)&vit B-complex are given daily.
- 7.Catheterization-to monitor urine output.
- 8.Monitor laboratory values.
- 9.Maintain intake and output chart.
- 10.Correction of fluid and electrolyte balance.
- 11.Measure daily weight.

Investigation:

1.USG of lower abdomen.

2.Urine analysis.

- Small quantity.

- Dark color.

3.Blood.

- HB%.

- Blood urea level.

- Serum creatinine level.

- Serum electrolyte.

4.ECG.

Complication:

1. Severe case-

- Dehydration
- Jaundice
- Circulatory failure
- Oliguria
- Anuria

2. Lately-

- Delirium
- Korsakoffs psychosis

Hemorrhage conditions of early pregnancy

1. Abortion

2. Ectopic pregnancy