

Case Report on Hyper-emesis Gravid-arum

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Abstract

Hyper-emesis gravid-arum is a severe form of nausea and vomiting in pregnancy, (hyper-emesis education and research foundation, HER, 2006). This condition causes excessive pregnancy related nausea and vomiting that prevents adequate intake of food and fluids. In untreated cases (or) severe cases of HG, a client could have weight loss, dehydration with the production of ketones, Nutritional deficiencies, metabolic imbalances, difficulty with daily activities, psychosocial stress, depression (HER). For many women, hyper-emesis gravid-arum commences between the 4th and 6th week of pregnancy with symptoms improving by the 15th to 20th week of gestation (HER). Hyper-emesis gravid-arum negatively impacts both the mother and the developing fetus. Studies have shown that those infants exposed to HG in utero are significantly more likely to have a low-birth weight (Bailit, 2005; Dodds et.al.,2006) Another study indicated that those infants exposed to HG are more likely to born earlier, be small for gestational age may die between 24 and 30 weeks of gestation compared with infants not exposed to HG (Bailit).

Introduction

Hyper-emesis gravid-arum is a severe type of vomiting of pregnancy which has got deleterious effect on the health of the mother and or incapacitates her in day-to-day activities (Dutta's,2013).

The cause of HG is unknown but several theories exist. It is suggested that HG occurs because of the increase in HCG and other estrogen hormones. It is suspected that a gastric neuromuscular dysfunction occurs, which results in regurgitation of duodenal content back in to the stomach resulting in nausea and vomiting. It was previously thought that HG was a psychological disorder, which attached great stigma to this condition and to women suffering from it (HER, 2006). However, there is no scientific evidence to support this theory. Simpson et al. (2001)

in their study could not support the theory that HG is a psychosomatic condition. HG is a complex interaction of biological, psychological and socio cultural factors. Lastly, there is evidence that maternal genetic susceptibility contributes to development of hyper-emesis.

According to HER foundation (2006), there are common risk factor for hyper-emesis such as women being less than 20 years of age, nonsmokers, food aversions before pregnancy, high saturated fat diet, past traumatic stress disorder, multiple gestation, history of motion sickness, sensitivity to oral contraceptives, migraine headache, allergies, ulcers, mother or sister with HG, high blood pressure, liver disease, kidney disease, poor diet.

Case Report

Mrs. Anasuya is a 22 years old woman who is married 12 weeks pregnant. This is her first pregnancy and her first visit referred by physician during her visit, she stated that, vomitings on the day of admission 15 times from morning, her vital signs temp-98.6°C, pulse-88' bt/mt, resp-24 br/mt, blood pressure-90/60 mm of hg and treatment given

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on the day was patient in NBM, IV fluids on flow RL 1, NS 1, 5% D 1, inj. Pantop 40 mg IV bd, inj. Emiset 4mg iv bd, Tab. B-complex 67 mg od, inj. Polybion od, and she undergone investigations like urine microscopy, ketone bodies positive, 2-4 pus cells, RBS- 70mg/dl, blood urea- 22mg/dl, serum creatinine 0.7 mg/dl, TC- 8750, DC- 62,33,05, ESR- 28mm/hr, serum potassium-2.8 mg/dl, sodium-135mg/dl, chloride-104 mg/dl, screening- NR, grouping- B +ve, SGOT- 10u/l, SGPT-14u/l, HB-10gm/dl.

On the next day of admission, complaints of vomiting were 2 times a day. Vital signs temp- 98.6 F, pulse- 88 bt/mt, resp- 20 br/mt, blood pressure- 90/60 mm of hg continued same treatment and Tab. Doxinate plus and bland diet added and IV fluids NS 2, RL-2.

On the third day, there were no complaints of vomiting but complaints of glossitis. Vital signs temp- 98.6F, pulse- 82 bt/mt, resp- 18 br/mt, blood pressure- 100/70 mm of hg, And treatment has taken Tab. Doxinate plus od, inj. Polybion iv od, inj. Emiset 4mg iv sos, inj. Pantop 40 mg iv, bland diet, IV fluids 2-RL.

On the fourth day, no complaints of vomitings and complaints of glossitis and vital signs temp-98.6F, pulse- 80 bt/mt, resp-20 br/mt, blood pressure- 110/70 mm of hg, and she has taken treatment Tab. Doxinate plus bd, Tab. folic acid od, inj. Polybion iv bd, inj. Emiset 4mg sos, normal diet.

On the fifth day, no complaints of vomiting, and general condition pallor. Vital signs temp- 98.6 f, pulse- 82 bt/mt, resp-20 br/mt, blood pressure- 110/70 mm of hg. She has taken treatment normal diet. Tab. doxinate plus sos, Tab. Folic acid od, inj. polybion od, inj. Emisetsos.

On the sixth day, complaints of vomiting, on general examination she is pallor. Her vitals are temp- 98.6F, pulse-74 bt/mt, resp- 20 br/mt, blood pressure- 120/70 mm of hg. She has taken treatment Tab. Doxinate plus bd, Tab. Folic acid od, inj. Polybion od, inj. pantopiv sos.

On the seventh day, she was discharged with the following treatment Tab. foliete 15 days, Tab. B-complex 15 days and follow up of after 15 days.

Mrs. Anasuya, s hyper-emesis subsides later in the pregnancy, The nurse should educated her about the following dietary changes are eat small frequent meals, eat dry crackers, eat toast before getting out of bed, drinks lots of water between

meals, eat food that are easy to digest such as toast, crackers, idly, potatoes, eat low fat protein diet, a lean meat, broiled fish, eggs and boiled meals are also recommended.

Nursing Interventions for Hyper-emesis Gravid-arum

Assess for signs of dehydration

Rational: improve fluid balance, and maintain a homeostatic mechanism, is the basis for the mother and fetus to maintain balance.

Assess vital signs

Rational temperature, pulse rate increased and decreased BP are signs of dehydration and hypovolemia.

Give parenteral fluids

Electrolytes, glucose and vitamins according to program.

Rational: This fluid will provide or meet the needs of the body's acid-base balance, electrolytes and hypovitaminosis.

Provide nutrition in small but frequent portions

Rational: feeding gradually or slowly may help.

Monitor the provision of fluids and food in 24 hours as well as expenditures and recorded fluid intake

Rational: the provision of fluids and electrolytes is a way to deal with persistent vomiting, this recording will be able to assess the balance of electrolytes are given, while the number of how many calories can already be given.

Review of edema in the legs or elsewhere

Rational: the edema may also occur due to lack of albumin or renal failure.

Assess the presence of ketones in the urine

Rational: presence of ketones in the urine indicates maternal fat supplies for energy use due to inadequate caloric intake.

Do collaborations with other teams for the administration of antiemetic drugs

Rational: usually to cope with vomiting.

Give the food a light, when it is allowed in small portions and frequent (liquid and solid)

Rational: the provision of solid and liquid foods in small portions and often may reduce vomiting.

Increase feeding of this, if the client is able to accept (tolerance).

Rational: an increase in feeding demonstrate efficacy in the treatment.

Monitor FHR and fetal activity

Rational: FHR and fetal movement is an indication that the fetal / fetus in good condition.

Monitor symptoms of morning sickness

Rational: hormonal changes, maternal Hypoglycemia and decreased gastric motility, emotional and cultural factors.

Examine the skin: the texture and turgor

Rational: dry skin and poor turgor is a sign of dehydration.

Encourage clients to multiply the rest

Create a comfortable environment

Conclusion

It is important for health care professionals to realize that identifying HG in a client early on allows for a prompt treatment regimen. A multidisciplinary team approach is needed to manage HG clients in hospital. This will allow women with HG to plan accordingly to help them manage their present and future pregnancies.

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