Medication Management for Hyperemesis Gravidarum

By Kimber MacGibbon, RN

Taking medications during pregnancy is distressing for women as the general belief is that they will hurt their baby(ies). Compliance issues may result and a mother's condition will likely worsen. It is important for mothers to understand the risks of untreated HG on herself and her child including chronic dehydration, malnutrition, metabolic and emotional stress, as well as reduced mobility.

Conversely, most studies have found medications commonly used for HG do not significantly increase the risk of malformations in the baby. Studies also suggest women who lose less weight have better outcomes, and that medications are safer than parenteral (IV) nutrition. Mothers are acutely aware of the risks medications may pose, and will generally avoid them unless necessary. Therefore, it is unproductive for health professionals to attempt to validate symptom severity to determine if a mother is exaggerating to obtain medication.

It is important to not only decide on the correct medication(s), but also to make sure a medication is being tolerated and taken correctly for optimal effectiveness. Some medications can be made into a different form, such as a cream or suppository, by a compounding pharmacy. Others are available as oral dissolvable tablets, patches, or rapidly dissolving films. Trying the most effective medications in different forms is important before trying different medications.

Early pregnancy symptoms are challenging to manage as symptoms generally increase until the end of the first trimester. Many variables affect responsiveness to medications such as hydration and nutritional status, duration of symptoms, and interactions with other medications. These must be considered when assessing a mother's response.

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Essential Medication Strategies

Mothers with hyperemesis face a number of challenges beyond nausea and vomiting that can be difficult for others to understand, including profound fatigue, sleepiness, weakness and pain. Knowing she is not alone can be very reassuring and helpful.

- Be cautious with medication changes. Medications may seem ineffective until the medication is removed and symptoms dramatically worsen. Consider adding medications instead, unless there are interactions or significant side effects.
- More than one prescription medication is typically required to adequately manage HG and minimize weight loss.
- Most medications are more effective in higher amounts (e.g. Zofran/ondansetron), and if taken on a consistent schedule, not as needed (prn).

- Dispensing medications more frequently (e.g. every 2 hours instead of every 4 hours) or continuously (by IV or subcutaneous infusion) may be more advantageous.
- Changing the route a medication is given (e.g. oral to IV or subQ pump, compounded Rx, etc.) can dramatically enhance its performance. Oral medications are generally unproductive in the presence of intractable vomiting.
- If a medication yields minimal improvement after 3-5 days, its benefit may only be found if trialed via another route and/or in combination with another medication.
- Adequate hydration and correction of electrolyte and micronutrient deficiencies (e.g. thiamine) are critical for symptom relief. Until these are corrected, actual medication response cannot be determined.
- Educate on treatment and prevention of medication side-effects that are worsened by pregnancy or HG (e.g. constipation, anxiety), which prevents additional complications and unnecessary discomfort.
- Treat co-occurring conditions such as reflux and constipation early.
- OB consults should be done before pregnancy and again as soon as pregnancy is confirmed to establish a plan of care when HG risk is high.
- Women who present with symptoms before 8 weeks are likely to get worse before the next scheduled visit. Set up contingent treatment in advance (e.g. earlier follow up, prescriptions on hold, direct contact number, guidelines on going to ER, etc.).
- Every pregnancy is different so medication effectiveness varies, but the severity of hyperemesis, as well as the duration, most often is similar.
- Proactively treat if there is early onset, greater severity, or prolonged duration of symptoms.
- Minimizing changes to doses and regimen when women are improving can prevent relapse, especially during initial recovery.
- Once symptoms have resolved and the mother is past her first trimester, it is important to wean medications slowly over a few weeks to avoid relapse. If symptoms reappear, return to the dose that was effective and consider weaning again after a few more weeks of stabilization.
- Even women who have returned to normal eating and activity may benefit from a low dose of medication throughout pregnancy to avoid relapse or constant fluctuations, and resultant debility.
- Women are very helpful in determining their medication needs, especially if they had HG previously. Most prefer to take none and will discontinue them as soon as possible.
- HG is traumatic and women are comforted by having access to medication early to alleviate symptoms at onset rather than when severe. Women may take less medication knowing they can get relief when needed, thus decreasing risk and cost.

> “Trying the most effective medications in different forms is often more beneficial than trying different medications.

QUICK TIPS

1. Changing medications abruptly or frequently is counterproductive.
2. Effectiveness changes with increased doses or frequency, changes in route or medication combinations.
3. Scheduled dosing improves response.
4. Metabolic imbalance impairs response to meds.
5. Side-effects are better prevented than managed.
6. If a history of HG, plan and treat proactively.
7. Wean slowly after a few weeks of stability with adequate intake.
8. Medication may be needed until delivery.
9. Women can offer valuable insight into their care.
10. HG is traumatic so treat with compassion and refer to the HER Foundation for support.

RESOURCES:

Ondansetron in pregnancy and risk of adverse fetal outcomes. N Engl J Med 2013; 368:814-823.
Risk factors, treatments, and outcomes associated with prolonged hyperemesis gravidarum. J Matern Fetal Neo Med. 2012 Jun;25(6):632-6.
Posttraumatic stress symptoms following pregnancy complicated by hyperemesis gravidarum. J Matern Fetal Neo Med. 2011 Nov;24(11):1307-11.
Symptoms and pregnancy outcomes associated with extreme weight loss among women with HG. J Women's Health. 2009 Dec;18(12):1981-7.
For more information: www.HelpHER.org/HER-Research

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