Severe nausea and vomiting in pregnancy \(hyperemesis\)

What is hyperemesis gravidarum?

Nausea and vomiting of pregnancy affects many pregnant people, often starting around 4 to 7 weeks and improving for many by the second trimester. Hyperemesis gravidarum describes a more severe pattern. Definitions vary, but clinicians commonly consider features such as persistent vomiting, dehydration, electrolyte disturbance, ketonuria, and weight loss, often more than 5% of pre-pregnancy body weight.

The word "hyperemesis" can sound dramatic, but for people living through it, it often matches the reality: repeated vomiting, constant nausea, inability to tolerate smells or movement, and exhaustion from trying to drink enough. It can be profoundly isolating, especially when others minimize it as ordinary morning sickness.

Importantly, there is a spectrum. Someone may not meet every formal criterion and still need urgent help. If nausea and vomiting are limiting fluid intake, medication use, daily functioning, or safety, it is appropriate to contact a healthcare professional.

How severe pregnancy sickness may feel

Severe nausea and vomiting can affect the whole body. Some people vomit many times a day; others vomit less often but experience relentless nausea that makes eating or drinking nearly impossible. Triggers may include food odors, toothpaste, movement, screens, cooking smells, or even the thought of eating.

Inability to keep down fluids for many hours
Dry mouth, intense thirst, reduced urination, or dark urine
Dizziness, faintness, palpitations, or marked weakness
Weight loss or inability to maintain nutrition
Headache, confusion, muscle cramps, or feeling unusually unwell
Difficulty taking essential medicines for other conditions

Psychological distress is also common. People may feel anxious about fetal wellbeing, ashamed that they cannot eat "normally," or distressed by repeated hospital visits. These reactions are understandable. Severe pregnancy sickness is a medical condition, not a failure of willpower.

Why does hyperemesis happen?

The cause is multifactorial. Pregnancy hormones, genetic susceptibility, placental biology, gastrointestinal sensitivity, and personal medical history may all contribute. Traditional explanations have focused on hormones such as human chorionic gonadotropin and estrogen, which rise rapidly in early pregnancy, but newer research has added an important piece to the puzzle.

A major area of current research involves GDF15, a hormone produced by the fetus and placenta. Higher exposure to GDF15 during pregnancy appears to be linked with nausea and vomiting, and individual sensitivity may matter. Research summarized by the University of Cambridge suggests that people with lower pre-pregnancy exposure to GDF15 may be more susceptible when levels rise in pregnancy, while prior exposure may build some tolerance.

This biological explanation matters because it challenges outdated assumptions that severe pregnancy sickness is primarily psychological. Emotional stress may worsen coping, but hyperemesis is not "all in your head." It is a physiologic condition that deserves recognition and treatment.

When to seek urgent medical care

Severe vomiting can lead to dehydration and electrolyte abnormalities, which may become dangerous if untreated. Contact your maternity unit, obstetric clinician, midwife, or local urgent care service promptly if you cannot keep fluids down, are passing very little urine, feel faint, or are losing weight.

Emergency assessment may be needed if symptoms are severe or if there are signs suggesting another condition. Not all vomiting in pregnancy is hyperemesis. Gastroenteritis, urinary tract infection, gallbladder disease, pancreatitis, thyroid disease, migraine, medication effects, and pregnancy complications can sometimes present with nausea and vomiting.

Seek urgent help especially for vomiting with severe abdominal pain, fever, blood in vomit, chest pain, shortness of breath, confusion, severe headache, visual symptoms, one-sided weakness, or fainting. Later in pregnancy, new severe nausea and vomiting with headache, right upper abdominal pain, swelling, or high blood pressure symptoms needs prompt evaluation.

Medical evaluation: what clinicians may check

A healthcare professional may ask about gestational age, number of vomiting episodes, fluid intake, urination, weight change, medications, previous pregnancies, multiple pregnancy, and other symptoms. The goal is to assess severity, exclude other causes, and decide what level of support is safest.

Depending on the situation, evaluation may include vital signs, weight, urine testing for ketones or infection, and blood tests for electrolytes, kidney function, liver tests, thyroid function, or other markers. Ultrasound may be considered if dating is uncertain, if multiple pregnancy is suspected, or if symptoms are unusually severe, but the exact workup depends on clinical judgment.

This assessment is not about proving that you are "sick enough." It is about identifying dehydration, metabolic complications, and treatable contributors early. If you feel dismissed, it is reasonable to describe concrete details: how many hours since you kept fluids down, how often you urinate, how much weight you have lost, and whether you can function safely.

Treatment options and escalation of care

Treatment is individualized and often works best when started early. Mild strategies such as small frequent meals, avoiding triggers, eating bland foods, separating liquids from solids, or trying ginger may help some people, but they are rarely enough for true hyperemesis.

Clinical guidance from ACOG and RCOG describes a stepwise approach. Vitamin B6 and doxylamine may be used in some settings for nausea and vomiting of pregnancy. If symptoms persist, clinicians may consider antiemetic medicines. The choice depends on symptom severity, previous response, gestational age, other medical conditions, side effects, and local prescribing guidance.

If dehydration is present, intravenous fluids may be needed. Electrolytes may require correction, and thiamine supplementation is often considered before giving dextrose-containing fluids in prolonged vomiting to reduce the risk of Wernicke encephalopathy, a rare but serious neurologic complication. In severe cases, hospital admission, ambulatory day-unit care, corticosteroids after other treatments have not been sufficient, or nutritional support may be considered by specialists.

Do not start, stop, or combine medicines without medical advice. Even medicines commonly used in pregnancy should be chosen and monitored in the context of your health history.

Living with severe nausea: practical support

While medical treatment is central, practical adjustments can reduce the daily burden. It may help to keep tolerated drinks at the bedside, use ice chips or oral rehydration solutions if recommended, avoid cooking areas, switch toothpaste flavor, eat whatever safe foods stay down rather than aiming for a perfect diet, and accept help with childcare, shopping, or work tasks.

If you are employed, severe pregnancy sickness may require workplace adjustments or sick leave. Documentation from a healthcare professional can help explain that this is a pregnancy-related medical condition. If you have other conditions such as diabetes, epilepsy, thyroid disease, inflammatory

bowel disease, or mental health conditions, contact your clinician early because vomiting may interfere with medication absorption and disease control.

Emotional support is part of care. Hyperemesis can increase distress, anxiety, and low mood. Tell your care team if you feel hopeless, unable to cope, or afraid of the pregnancy because of symptoms. Supportive counseling, peer groups, and close follow-up can make a meaningful difference.

Will severe pregnancy sickness harm the baby?

Many pregnancies affected by nausea and vomiting, including severe forms that receive timely treatment, have good outcomes. The immediate concern is often the pregnant person’s hydration, electrolyte balance, nutrition, and safety. When these are protected, fetal wellbeing is also better supported.

Prolonged, untreated severe hyperemesis with significant weight loss or nutritional deficiency may be associated with risks, which is why escalation of care matters. You should not wait until you are unable to stand or have not urinated all day before asking for help.

If you are worried because you can only tolerate a narrow range of foods, discuss this with your clinician. In the short term, maintaining fluids and calories may be more urgent than dietary variety. Prenatal vitamins can sometimes worsen nausea; your clinician may suggest timing changes or alternatives, but do not abandon essential supplementation without advice.