

# Mental Health Support for Women Affected by HG: Information for Midwives

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# Hyperemesis Gravidarum negatively affects:

Self-esteem  
& identity

Physical & cognitive  
functioning

Partner & family  
relationships

Quality of life

Confidence

Wellbeing

Bonding with  
foetus

Parenting

Work & finances

Relationship  
with food

Capacity to  
leave house

Personal care

## Mental health impacts of HG - Women report feeling:

Overwhelmed

Isolated

Embarrassed

Confused

Disappointed

Vulnerable

Powerless

Distressed

Fragile

Guilty

Joyless

Panicky

Tearful

Bored

Detached

Anxious

Afraid

Angry

Abnormal

Depressed

## Midwifery guide to supporting a woman's mental health in HG:

- Enquire about, accept, and validate her feelings and thoughts.
- Listen attentively (allow her space to be heard) and empathise.
- Acknowledge the severity of her HG suffering; and believe her description of it.
- Demonstrate non-judgmental care, respect, warmth, and reassurance.
- Recognise loss (anticipated pregnancy, role, functioning, identity, control, etc).
- Encourage her to pace herself 'one day at a time' where this might be helpful.
- Spot her self-critical thinking patterns and promote self-compassion.
- Highlight her resilience, courage, and strength in coping with HG.
- Help her identify activities that might pass the time and replenish wellbeing.
- Signpost her to relevant resources (websites, helplines, agencies, etc).
- Adhere to HG healthcare good practice guidelines (e.g., RCOG, 2016).

# The Management of NVP & HG, Green-top Guideline no.69 (RCOG, 2016)

- “Practitioners should assess a woman’s mental health status, during the pregnancy and postnatally, and refer for psychological support if necessary.” (11)
- “Involvement of a mental health team in the woman’s care may improve quality of life, and the ability to cope with pregnancy.” (8.1)
- “Psychological or psychiatric care may be required, with targeted interventions specifically designed to treat mental health issues in HG, which are a result of HG rather than a cause.” (8.1)
- “A psychiatric opinion should be sought and ... women should be offered counselling before and after a decision of pregnancy termination is made.” (8.3)

## Assessing mental health risk: when to refer or consult

- Clinical level of anxiety (antenatal or postnatal).
- Clinical level of depression (antenatal or postnatal).
- Suicidal ideation.
- Self-harm ideation.
- Distress associated with pregnancy termination ideation.
- Complicated grief following HG pregnancy termination.
- Signs and symptoms of Post-Traumatic Stress Disorder.

## Publications

- Nicholson M. *Women's experiences of the therapeutic value of writing about pregnancy sickness*. *Counselling and Psychotherapy Research* 2018, 18(1):26-34. DOI:10.1002/capr.12151
- Nicholson M. *Hyperemesis Gravidarum: who cares?* *Healthcare Counselling and Psychotherapy Journal* 2018, 18(1):24-27. <https://www.bacp.co.uk/media/2422/bacphealthcare-counselling-psychotherapy-jan18.pdf>
- Nicholson M. *Pregnancy sickness: how might counselling help?* *Healthcare Counselling and Psychotherapy Journal* 2019, 19(1):28-31. <http://www.hyperemesiscounselling.co.uk/publications/>
- Nicholson M. *Writing therapeutically about chronic pregnancy sickness: women's perceptions of sufficiency*. *Journal of Poetry Therapy* 2019, 32(4):240-251. DOI:10.1080/08893675.2019.1639887