House Resolution 211

By: Representatives Cannon of the 58th, McQueen of the 61st, Miller of the 62nd, Paris of the 142nd, and Au of the 50th

A RESOLUTION

Recognizing the importance of hyperemesis gravidarum and encouraging this state's research institutions to study this issue to improve the quality of life for pregnant people impacted by this condition; and for other purposes.

WHEREAS, having adequate maternal healthcare support by healthcare providers is key to better outcomes; and

WHEREAS, the failure to provide adequate healthcare support is often dismissed, leading to negative outcomes, whether such outcomes are psychosocial or detrimental to the physical health of the mother and infant; and

WHEREAS, hyperemesis gravidarum is a severe form of nausea and vomiting during pregnancy sufficient enough to produce weight loss greater than 5 percent, dehydration, ketosis, alkalosis, and hypokalemia; and

WHEREAS, antenatal follow-up, number of previous births, family history of hyperemesis gravidarum, and exercise before pregnancy were significantly associated with outcomes; and

WHEREAS, lifestyle modifications, early treatment, and early ultrasound scans for pregnant women are crucial to reducing the burden of hyperemesis gravidarum; and

WHEREAS, a large majority of those with this condition reported that hyperemesis gravidarum caused negative psychosocial changes, consisting of socioeconomic changes, including job loss or difficulties; attitude changes, including fear regarding future pregnancies; and psychiatric sequelae, including feelings of depression and anxiety, which for some continued postpartum. Patients who reported that their healthcare providers were uncaring or unaware of the severity of their symptoms were nearly twice as likely to report these psychiatric sequelae; and

WHEREAS, one challenge with hyperemesis gravidarum is weighing the risks of potential complications and misery with possible risks of anti-vomiting (antiemetic) therapies; and

WHEREAS, holding effective medications until conservative measures have been attempted delays needed treatment and may make vomiting more refractory; and

WHEREAS, there are a number of medications deemed safe with a long history of use, yet newer drugs often prove more effective and do not significantly increase malformation rates; and

WHEREAS, beyond the fetal loss rate of 34 percent, children are at risk for numerous complications from hyperemesis gravidarum, especially if the symptoms are severe, prolonged, or inadequately treated or there is a delay in medical intervention. Specifically, weight loss over 15 percent of pre-pregnancy weight is highly predictive of adverse fetal impact; and

WHEREAS, the exact cause of hyperemesis gravidarum is not entirely clear, but high cortisol levels and stress, micronutrient deficiencies (vitamin K embryopathy or Wernicke's encephalopathy), and inadequate maternal support, resources, and access to care all play a role. Some problems may also be related to specific issues such as IV infection, emboli, and medication side effects, and effective care is crucial; and

WHEREAS, hyperemesis gravidarum is a severe form of morning sickness that affects about 1 to 3 percent of pregnant women; and

WHEREAS, the exact number of women who experience hyperemesis gravidarum is unknown because some cases may go unreported; and

WHEREAS, hyperemesis gravidarum is more likely to occur in multiple pregnancies; and

WHEREAS, hyperemesis gravidarum is characterized by persistent vomiting in the first trimester that leads to weight loss; and

WHEREAS, patients with hyperemesis gravidarum may also experience dehydration, poor skin turgor, and dry mucous membranes; and

WHEREAS, hyperemesis gravidarum can lead to poor pregnancy outcomes, such as preterm labor, fetal malformations, and low birth weight; and

WHEREAS, hyperemesis gravidarum can also cause negative psychosocial changes, such as depression, anxiety, and fear of future pregnancies; and

WHEREAS, being underweight before pregnancy may be a risk factor for hyperemesis gravidarum; and

WHEREAS, multiple gestations, molar pregnancies, and fetal anomalies may also increase the risk of hyperemesis gravidarum.

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that the members of this body recognize the importance of hyperemesis gravidarum and encourage the research institutions of this state to study this issue to improve the quality of life for pregnant people impacted by this condition.

BE IT FURTHER RESOLVED that the Clerk of the House of Representatives is authorized and directed to send copies of this resolution to each president of a research institution in this state and make further appropriate copies available for distribution to the public and the press.