

<b>Reference:</b>	FOI.12272.23
<b>Subject:</b>	Hyperemesis Gravidarum (HG) for pregnant women
<b>Date of Request:</b>	24 July 2023

### Your request and our response

Nausea and vomiting in pregnancy (NVP)/Hyperemesis Gravidarum (HG): a survey of UK practice.

Hospital name: Glangwili General Hospital (GGH)

Trust: Hywel Dda University Health Board (UHB)

Maternal medicine network (if known): Not known

Details of hyperemesis service		Response
1	Are your patients routinely offered screening for NVP/HG at their booking visit?	No
2	Do you offer community care for women with NVP/HG? (e.g. in a community day centre or at home)	No
3	Do you offer ambulatory management for women with NVP/HG?	Yes
		If yes, where? Gynaecology ward
		If 'Other' please specify:
4	If admitted to hospital in which locations are NVP/HG managed?	Different setting depending on gestation
		If 'Different setting depending on gestation' please specify (e.g. <i>gynaecology ward &lt;18 weeks, obstetric ward &gt;18 weeks gestation</i> ):
		Gynaecology ward up to 16 weeks Obstetric Ward from 16 weeks
5	Which of the following criteria do you use for admission for inpatient management? Select all that apply.	Continued nausea and vomiting, inability to keep down oral antiemetics <input checked="" type="checkbox"/>
		Continued nausea and vomiting associated with weight loss despite oral antiemetics <input checked="" type="checkbox"/>
		Ketonuria <input type="checkbox"/>
		Confirmed/suspected comorbidity (e.g. <i>urinary tract infection</i> ) <input type="checkbox"/>
		Other <input type="checkbox"/>
		If 'Other' please specify:

### Assessment and management

Which drugs/therapies are routinely recommended by your service?

Please check the appropriate box

Therapy	As 1 <sup>st</sup> line medication	As 2 <sup>nd</sup> line medication	As 3 <sup>rd</sup> line medication	Only after 1 <sup>st</sup> trimester	For a maximum of 5 days	As required (PRN)
Ginger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acustimulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ondansetron	<input type="checkbox"/>	<input checked="" type="checkbox"/> For resistant cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclizine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domperidone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prochlorperazine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promethazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorpromazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metoclopramide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thiamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyridoxine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proton pump inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note:- the box checked above for Corticosteroids is reserved for cases where standard therapies have failed.

7	Do you require patients to sign a risk form when prescribed any of the above?	No	
		If 'Yes', please specify:	
8	Which IV rehydration do you routinely offer? Please select all:	0.9% Normal saline	<input checked="" type="checkbox"/>
		Hartmann's solution	<input checked="" type="checkbox"/>
		Dextrose	<input type="checkbox"/>
9	Do you offer enteral or parenteral nutrition for patients resistant to treatment?	No	

10	Are patients routinely offered a mental health screen?	No
Please note:- the box checked above for 0.9% normal saline is used for Special circumstance daily monitoring of electrolytes		
<b>Pre-pregnancy counselling</b>		<b>Response</b>
11	Does your unit offer pre-pregnancy counselling for women with a history of severe NVP/HG?	No
12	Do you have any further comments regarding management of NVP/HG patients in your trust?	
	Additional information for response to question 10: <ul style="list-style-type: none"> <li>• Psychological support</li> <li>• Involvement of the Mental Health Team in the woman's care may improve quality of life and the ability to cope with the pregnancy.</li> </ul>	