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

Hospital name:

Trust: University Hospitals Bristol and Weston NHS Foundation Trust

Maternal medicine network (if known):

| Details of hyperemesis s | service | Response |
|--|---|----------|
| Are your patients | Yes | |
| routinely offered | No | Х |
| screening for NVP/HG | | |
| at their booking visit? | | |
| | | |
| Do you offer | Yes – in a community day centre | |
| community care for | Yes – at home | |
| women with NVP/HG? | Previously, in a community day centre - before COVID-19 | |
| (e.g. in a community | (but not now) | |
| day centre or at home) | Previously, at home – before COVID-19 (but not now) | |
| | No | Х |
| Do you offer | Yes* | Х |
| ambulatory | Yes, before COVID-19 (but not now) | |
| management for | No | |
| women with NVP/HG? | | |
| | | |
| *If Yes, where? | Early pregnancy unit | |
| | Emergency department | |
| | Acute medical unit | |
| | Gynaecology ward | Х |
| | Obstetric Unit | |
| | Other (please specify) | |
| | | |
| If admitted to hospital | Gynaecology ward throughout entire gestation | |
| in which locations are NVP/HG managed? | Obstetric ward throughout entire gestation | |
| | Medical ward throughout entire gestation | |
| | Under the care of obstetric medicine team | |
| | Different setting depending on gestation (please specify e.g. | х |
| | gynaecology ward <18 weeks, obstetric ward >18 weeks | |
| | gestation) | |
| Which of the following | Continued nausea and vomiting, inability to keep down oral | х |
| criteria do you use for | antiemetics | |
| admission for inpatient | Continued nausea and vomiting associated with weight loss | |
| management? Select | despite oral antiemetics | |
| all that apply. | Ketonuria | Х |
| | Confirmed/suspected comorbidity (e.g. urinary tract | |
| | infection) | |
| | Other, please specify: PUQE score <13 | Х |

Assessment and management

Which drugs/therapies are routinely recommended by your service?

| Please enter X in column: | | | | | | |
|---|------------------------------------|--|---|--------------------------------------|-------------------------------|----------------------------------|
| Therapy | As 1 st line medication | As 2 nd line medication | As 3 rd line medication | Only after 1 st trimester | For a maximum of 5 days | As required (PRN) |
| Ginger | | | | | | X (ginger biscuits or tea) |
| Acustimulations | | | | | | |
| Hypnosis | | | | | | |
| Ondansetron | | X (If used in 1st trimester patient should be fully aware of benefits & risks) | | х | | |
| Cyclizine | х | | | | | |
| Domperidone | | | | | | |
| Prochlorperazine | х | | | | | |
| Promethazine | x | | | | | |
| Chlorpromazine | | | | | | |
| Metoclopramide | | х | | | | |
| Thiamine | х | | | | | |
| Pyridoxine | | | | | | |
| Corticosteroids | | | X (after discussion with Senior Clinician) | | | |
| Diazepam | | | | | | |
| Proton pump inhibitor | х | | | | | |
| Do you require pat | ients to sign | Yes (please s | necify) | | | |
| a risk form when p any of the above? | _ | No | респу, | | | х |

| Which IV rehydration do you | 0.9% Normal saline | X with |
|----------------------------------|---------------------|------------|
| routinely offer? Please select | | 20mmol |
| all: | | KCl or |
| | | Plasmalyte |
| | Hartmann's solution | |
| | Dextrose | |
| Do you offer enteral or | Yes | |
| parenteral nutrition for | No | х |
| patients resistant to | | |
| treatment? | | |
| Are patients routinely offered a | Yes | |
| mental health screen? | No | х |

| Pre-pregnancy counselling | | | | | |
|---|-----|---|--|--|--|
| Does your unit offer pre-pregnancy counselling for women | Yes | | | | |
| with a history of severe NVP/HG? | No | х | | | |
| Do you have any further comments regarding management of NVP/HG patients in your trust? | | | | | |
| | · | - | | | |
| | | | | | |
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