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

Hospital name: MKUH

Trust: MKUH

Maternal medicine network (if known): Thames Valley MM Network

<b>Details of hyperemesis</b>	service	Response
Are your patients	Yes	YES
routinely offered screening for NVP/HG	No	
at their booking visit?		
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	NO
Do you offer	Yes*	
ambulatory	Yes, before COVID-19 (but not now)	
management for women with NVP/HG?	No	NO
*If Yes, where?	Early pregnancy unit	
	Emergency department	
	Acute medical unit	
	Gynaecology ward	
	Obstetric Unit	
	Other (please specify)	
If admitted to hospital	Gynaecology ward throughout entire gestation	
in which locations are	Obstetric ward throughout entire gestation	
NVP/HG managed?	Medical ward throughout entire gestation	
	Under the care of obstetric medicine team	
	Different setting depending on gestation (please specify	All of the
	e.g. gynaecology ward <18 weeks, obstetric ward >18	above are
	weeks gestation)	used –
		gynae, then
		as medical
		ward as
		outliers.
		Then
		obstetric
		post 18
		weeks
Which of the following	Continued nausea and vomiting, inability to keep down	Υ
criteria do you use for	oral antiemetics	
admission for	Continued nausea and vomiting associated with weight	Υ
inpatient	loss despite oral antiemetics	

management? Select	Ketonuria	Υ
all that apply.	Confirmed/suspected comorbidity (e.g. urinary tract	
	infection)	
	Other, please specify:	Evidence of
		significant
		dehydration

## Assessment and management

Which drugs/therapies are routinely recommended by your service?
Please enter X in column:

Please enter X in c						
Therapy	As 1 <sup>st</sup> line	As 2 <sup>nd</sup> line	As 3 <sup>rd</sup> line	Only	For a	As
	medication	medication	medication	after 1st	maximum	required
				trimester	of 5 days	(PRN)
Ginger					•	. ,
8						
Acustimulations						
Acastillatations						
Ummaaia						
Hypnosis						
Ondansetron		Х				
Cyclizine	X	X				
Domperidone						
Prochlorperazine		Х				
•	x					
Promethazine						
Trometmazme						
Chlorpromazine						
Chiorpromazine						
Metoclopramide		X				
	Х					
Thiamine						
	X as					
	pabrinex					
Pyridoxine	Х					
	As					
	pabrinex					
Corticosteroids	1		If			
23. 1.000000 0.00			combinations			
			not worked			
Diazepam			HOL WOIKEU			
Diazepaili						
	\ ,,					
Proton pump	Х					
inhibitor						

Do you require patients to sign	Yes (please specify)	
a risk form when prescribed	No	NO
any of the above?		
Which IV rehydration do you	0.9% Normal saline	YES with
routinely offer? Please select		K+
all:	Hartmann's solution	YES
	Dextrose	
Do you offer enteral or	Yes	
parenteral nutrition for	No	NO
patients resistant to		
treatment?		
Are patients routinely offered a	Yes	
mental health screen?	No	NO – but
		would
		have as
		part of
		the
		normal
		antenatal
		care
		pathway

Pre-pregnancy counselling		Response
Does your unit offer pre-pregnancy counselling for women with a history of severe NVP/HG?	Yes	YES – however would need GP to refer in
	No	

Do you have any further comments regarding management of NVP/HG patients in your trust?

Combination of anti-emetics are used, depending whether they have tried any in community given by GP.

Admission takes into account the concerns of the patient, not just clinical decision.

We have an SOP for ambulatory management which we intended to start however have not been able to designate nursing staff to be able to help run this

All patients with HG get a VTE assessment and would have LMWH on admission.