

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

Hospital name: Salisbury NHS Foundation Trust

Trust:

Maternal medicine network (if 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? Early pregnancy unit | |
| | | 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 <18 weeks, obstetric ward >18 weeks gestation</i>): Early pregnancy unit until 16 weeks gestation and then Maternity DAY thereafter | |
| 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 | X <input type="checkbox"/> |
| | | Continued nausea and vomiting associated with weight loss despite oral antiemetics | X <input 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: Not responding to IVI in ambulatory care | |

| Assessment and management | | | | | | |
|--|---|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| Which drugs/therapies are routinely recommended by your service? Please check the appropriate box | | | | | | |
| 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 | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ondansetron | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prochlorperazine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promethazine | <input checked="" 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 checked="" 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 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"/> |
| | | | | | | |
| 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 type="checkbox"/> | |
| | | | | Dextrose | <input type="checkbox"/> | |
| 9 | Do you offer enteral or parenteral nutrition for patients resistant to treatment? We would offer individualised care. | | | Yes | | |
| 10 | Are patients routinely offered a mental health screen? | | | Yes | | |

| Pre-pregnancy counselling | | Response |
|----------------------------------|---|-----------------|
| 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? | |
| | No | |