

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

Hospital name: THE ROYAL STOKE

Trust: UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST

Maternal medicine network (if known):

Details of hyperemesis service		Response
Are your patients routinely offered screening for NVP/HG at their booking visit?	Yes	NO
	No	
Do you offer community care for women with NVP/HG? (e.g. in a community day centre or at home)	Yes – in a community day centre	
	Yes – at home	
	Previously, in a community day centre - before COVID-19 (but not now)	
	Previously, at home – before COVID-19 (but not now)	
	No	NO
Do you offer ambulatory management for women with NVP/HG?	Yes*	YES
	Yes, before COVID-19 (but not now)	
	No	
*If Yes, where?	Early pregnancy unit	
	Emergency department	
	Acute medical unit	
	Gynaecology ward	
	Obstetric Unit	
	Other (please specify)	MATERNITY ASSESSMENT UNIT
If admitted to hospital in which locations are NVP/HG managed?	Gynaecology ward throughout entire gestation	
	Obstetric ward throughout entire gestation	YES
	Medical ward throughout entire gestation	
	Under the care of obstetric medicine team	
	Different setting depending on gestation (please specify e.g. gynaecology ward <18 weeks, obstetric ward >18 weeks gestation)	
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	
	Continued nausea and vomiting associated with weight loss despite oral antiemetics	
	Ketonuria	
	Confirmed/suspected comorbidity (e.g. urinary tract	

	infection)	
	Other, please specify: PERSISTENT VOMITTING AND >2+ KETONURIA CONTINUING DESPITE DAY CASE MANAGEMENT WITH 2 LITRES OF IV FLUIDS AND FIRST LINE ANTIEMETIC . READMISSION WITH PERSISTENT NAUSEA AND VOMITING WITHIN 7 DAYS OF SAY CASE MANAGEMENT	

Assessment and management						
Which drugs/therapies are routinely recommended by your service?						
Please enter X in column:						
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						x
Acustimulations						
Hypnosis						
Ondansetron		X WHEN OTHER MEDS HAVE FAILED IN 1 <sup>ST</sup> TRIMESTER				
Cyclizine		X				
Domperidone						
Prochlorperazine	X					
Promethazine						
Chlorpromazine						
Metoclopramide			X		X	
Thiamine	X					
Pyridoxine						
Corticosteroids						
Diazepam						

<b>Proton pump inhibitor</b>	X					
Do you require patients to sign a risk form when prescribed any of the above?	Yes (please specify)					
	No					NO
Which IV rehydration do you routinely offer? Please select all:	0.9% Normal saline					X
	Hartmann's solution					
	Dextrose					
Do you offer enteral or parenteral nutrition for patients resistant to treatment?	Yes IF PATIENT CONTINUES TO VMIT AND LOSE WEIGHT (10-15% OF BODY WEIGHT)					YES
	No					
Are patients routinely offered a mental health screen?	Yes ROUTINELY					yes
	No					

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

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