

Freedom of Information Act 2000 - Request Reference FoI/23/378

Distribution of questionnaire

Information Requested:

A recent policy lab was carried out at King's College London aimed at advancing the Women's Health Strategy by improving access to appropriate management of Hyperemesis Gravidarum (HG) for pregnant people who suffer with this condition.

Key stakeholders felt it would be valuable to gain an understanding of the way in which HG/ nausea and vomiting of pregnancy (NVP) care is currently provided across the UK. This will allow us to further improve access to care for all women across all regions.

We will therefore be extremely grateful in your support in distributing this questionnaire to the relevant maternity hospitals in your trust.

Response Details:

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

Hospital name: UHW

Trust: CAVUHB

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 – but information provided regarding general symptoms of early pregnancy and symptoms to report	
2	Do you offer community care for women with NVP/HG? (e.g. in a community day centre or at home)	Via Primary Care	
3	Do you offer ambulatory management for women with NVP/HG?	Occasionally	
		If yes, where? Within the reclining room in Gynaecology	
		If 'Other' please specify:	
4	If admitted to hospital in which locations are NVP/HG managed?	UHW – C1 Gynaecology Ward	
		If Different setting depending on gestation' please specify (e.g. gynaecology ward <18 weeks, obstetric ward >18 weeks gestation):	
5	Which of the following criteria do you use for admission for inpatient	Continued nausea and vomiting, inability to keep down oral antiemetics	Yes

management? Select all that apply.		
	Continued nausea and vomiting associated with weight loss despite oral antiemetics	Yes
	Ketonuria	Used as clinical assessment
	Confirmed/suspected comorbidity (e.g. urinary tract infection)	Used as clinical assessment
	Other	Full history/assessment collected
If 'Other' please specify:		

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						
Acustimulations						
Hypnosis						
Ondansetron		x				
Cyclizine	x					
Domperidone						
Prochlorperazine			x			
Promethazine						
Chlorpromazine						
Metoclopramide						
Thiamine	x					
Pyridoxine						
Corticosteroids						X

Diazepam						
Proton pump inhibitor						
7	Do you require patients to sign a risk form when prescribed any of the above?	No – but information discussed If 'Yes', please specify:				
8	Which IV rehydration do you routinely offer? Please select all:	0.9% Normal saline				
		Hartmann's solution	X			
		Dextrose				
9	Do you offer enteral or parenteral nutrition for patients resistant to treatment?	No - but would be considered with MDT if clinically required				
10	Are patients routinely offered a mental health screen?	Not formally done with HG but assessed for all admissions to Gynaecology as routine admissions.				

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? NA	