

Title

Nausea & Vomiting In Pregnancy / Hyperemesis Gravidarum

Reference Number: RDF1721-23

Date of Response: 22/08/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

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

Hospital name: Royal Devon University Healthcare NHS Foundation Trust

Eastern Service response:

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? Gynaecology ward	
		If 'Other' please specify:	
4	If admitted to hospital in which locations are NVP/HG managed?	Different setting depending on gestation	
		Up to 14 weeks under Gynaecology ward, Over 14 weeks on antenatal ward under Obstetrics	
5	Which of the following criteria do you use for admission for	Continued nausea and vomiting, inability to keep down oral antiemetics	<input type="checkbox"/>

inpatient management? Select all that apply.	Continued nausea and vomiting associated with weight loss despite oral antiemetics	<input checked="" type="checkbox"/>
	Ketonuria	<input type="checkbox"/>
	Confirmed/suspected comorbidity (e.g. urinary tract infection)	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
	If 'Other' please specify: PUQE score > 13 Abnormal LFT Abdominal pain or vaginal bleeding Patient unable to walk/go home	

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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prochlorperazine	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thiamine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyridoxine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?	Yes	
		If 'Yes', please specify: Risk of cleft palate discussed with ondansetron	
8	Which IV rehydration do you routinely offer? Please select all:	0.9% Normal saline	<input checked="" type="checkbox"/>
		Hartmann's solution	<input checked="" type="checkbox"/>
		Dextrose	<input type="checkbox"/>
9	Do you offer enteral or parenteral nutrition for patients resistant to treatment?	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?	Yes
12	Do you have any further comments regarding management of NVP/HG patients in your trust? No	

Northern Service Response:

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? Gynaecology ward
		If 'Other' please specify:
4		Different setting depending on gestation

	If admitted to hospital in which locations are NVP/HG managed?	Gynaecology ward up to 18 weeks. Over 18 weeks – Obstetrics Day Assessment Unit	
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	<input checked="" type="checkbox"/>
		Continued nausea and vomiting associated with weight loss despite oral antiemetics	<input checked="" type="checkbox"/>
		Ketonuria	<input checked="" type="checkbox"/>
		Confirmed/suspected comorbidity (e.g. <i>urinary tract infection</i>)	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
		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	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prochlorperazine	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thiamine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> x	<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 checked="" type="checkbox"/> x
7	Do you require patients to sign a risk form when prescribed any of the above?			Yes If 'Yes', please specify: Risk of cleft palate discussed with ondasetron		
8	Which IV rehydration do you routinely offer? Please select all:			0.9% Normal saline		<input checked="" type="checkbox"/> x
				Hartmann's solution		<input type="checkbox"/>
				Dextrose		<input type="checkbox"/>
9	Do you offer enteral or parenteral nutrition for patients resistant to treatment?			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?	Yes
12	Do you have any further comments regarding management of NVP/HG patients in your trust? No	