



Preparing for an HG Pregnancy

Whether you suffer from HG or NVP in your first or fifth pregnancy there is a high chance of developing the sickness again in your next pregnancy. Now that you know what you're in store for, it's important to have a solid care plan in place before you start trying to conceive, or as soon as you find out you're pregnant.

This resource has been prepared for you to take along to your GP or OB so that you can work together on your care plan. Your plan should include anything from your previous experience of HG or NVP that may be helpful this time - so remember to tell your provider about what worked, what didn't work and anything else that might be useful.

Things to document in advance:

- Take your pre-pregnancy weight so that weight loss can be easily tracked
- Discuss treatment options, and when you should start these. Make sure you're clear on what to do if you feel worse or better on treatment. It can be helpful for your doctor to give you prescriptions when you are planning to fall pregnant, so that you can start treatment as soon as you are pregnant
- Plan to see your doctor soon after you get pregnant if you have bad nausea or vomiting that isn't responding to treatment [see below]
- Remember to mention any medications you had a bad reaction to in the past



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- Discuss when you should go to the Emergency Room or maternity hospital and what would be the reasons for admission to hospital and who you should contact if you think this is needed
- Discuss the possibility of regular drip fluids either in the maternity/outpatient ward or your GP's surgery
- Agree to and document treatment plan that you can keep with you and give to anyone else who may need it (eg. your partner, parents or friend)

Treatments

As a first step in a future pregnancy there is strong evidence for the use of pre-emptive medication if you start to feel nauseated:

- One of the following taken orally up to three times daily:
 - Doxylamine 6.25-25mg
 - Prochlorperazine 5mg
 - Promethazine 25mg
 - Metoclopramide 10mg
- PLUS Pyridoxine (vitamin B6, 10-50mg) orally four times a day

This combination is safe and effective for the treatment of nausea and vomiting in pregnancy. Starting this combination as soon as a positive pregnancy test is received can reduce the severity of symptoms dramatically. Waiting until you are vomiting to start this treatment can still work but pre-emptive treatment is recommended, where possible.



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Once symptoms set in, and if the above combination is not enough to keep you well, the following can be added. All of these recommendations are in-line with the Society of Obstetric Medicine of Australia and New Zealand Guideline For Management Of Nausea And Vomiting Of Pregnancy And Hyperemesis Gravidarum (2019).

It may be helpful to print these guidelines out and take it with you to your doctor's appointments.

- Ondansetron 4-8mg taken orally two to three times daily
- H2 antagonist eg. Ranitidine 150-300mg orally twice daily
- Routine administration of IV fluids 1-3 x per week (your GP or OB should arrange for this to be done via the maternity ward or outpatient clinic to avoid the emergency department)

In the event that the above regime does not provide enough relief from symptoms the following can be discussed with your care provider or a specialist:

- Steroid treatment
- Extended hospital admission
- Nutritional support therapies



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Managing the condition

How in-depth the plan needs to be will partly depend on how severe your condition was last time. For example, if you did not require admission to hospital last time then you are unlikely to need to make a plan for regular fluids this time. However, if you were admitted repeatedly for IV fluids throughout your previous pregnancy or were unable to take some medications then your care plan needs to take those things into account.

Things to think about and discuss/plan with your GP/consultant include:

- At what point you should start initial treatment and at what level of sickness you would consider a need to increase treatment i.e. vomiting more than 5 times a day? Weight loss of 5% or more of pre-pregnancy weight? Not managing to drink 500ml or more of fluid per day? Other criteria? It may help to ask yourself what level of sickness would render you unable to live your life as 'normally' as you would if you weren't pregnant
- What criteria will you be admitted to hospital for? If there is a choice of hospitals in your area do you have a preferred one, is there a particular consultant you would like to be under?



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- If you need to be admitted what will the procedure be for that? i.e. avoiding having to go via ED as that can prove distressing. Can your GP/OB arrange for you to go straight to a ward?
- Is there the option for IV fluids as a day patient? Is the option of home IV available in your area?
- Is the doctor happy for you to monitor fluid intake/output at home and then to discuss treatment on the phone so as to avoid difficult trips to the surgery which can exacerbate symptoms and distress?
- Are home visits available and if deemed necessary what is the best arrangement for the surgery to make this possible
- Which other adults do you give permission to discuss your condition with the doctor? This could be your partner, a parent, trusted friend or colleague?
- Do you need a referral for mental health support? Many women suffer anxiety and depression during NVP and HG due to the intense and debilitating nature of the condition. It is worth considering if you might benefit from support for this. If you suffered Post Traumatic Stress Disorder or postnatal depression after your last pregnancy then it's definitely worth discussing.

Tracking your symptoms

The PUQE-24 score is an easy way to keep track of your symptoms to see whether you are improving or deteriorating and whether treatments are working effectively.



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We have included the PUQE-24 questions at the end of this document - they are used to track symptoms over a 24 hour period so should be taken each day if possible. If you feel your symptoms have stabilised there is no reason to take the test - it should really only be used when you feel yourself getting worse or if you believe your current treatment regime is not working.

It can also be helpful to keep a simple diary each day - you can record your symptoms, log medication, count the number of times you vomit or dry heave and how much water you've been able to drink. A record like this can be helpful for doctors, especially if you end up in the emergency department, and shows them exactly what's been going on without you having to explain it.

Hopefully, this plan will not be necessary and you may not experience pregnancy sickness to the same extent as last time. But it doesn't hurt to be as prepared as possible, especially in the event that you do develop symptoms. Knowing that your plan is laid out and agreed to by all involved will limit how stressful pregnancy sickness can be.

Once you've finalised your care plan make sure that everyone who needs a copy has one, and be sure to have a version with you at all times in case you need to share it with a new doctor, nurse or midwife (this might be a printed version in your handbag or a digital copy on your phone.)



Sickness in Pregnancy Plan

Name _____

Estimated Due Date _____

Or LMP _____

This is pregnancy number _____

I have _____ children at home

History of twins _____ YES/NO

Weight pre-pregnancy: _____ KG

Weight now: _____ KG

Weight loss to date _____ KG (_____ %)

Height _____ CM

BMI _____

I vomit on average _____ times per day

I am nauseated _____ hours per day

Times my nausea is less bad _____ (if applicable)

Current medications I am on, not for hyperemesis:

Adults whom I give permission to discuss my condition with my Healthcare Providers are:

My medical history:

For me, the worst symptoms are:



Sickness in Pregnancy Plan

My medications for sickness, vomiting and acid reflux				
	Morning	Middle of day	Evening	Bedtime
For sickness or dry heaves (nausea or vomiting or retching)				
For stomach acid (reflux)				
For constipation				
Other				

If you feel worse:

If you feel better:



Sickness in Pregnancy Plan

Would you like to tell us how you're going?

Eating and drinking:

Work or study:

Family:

Mood:

Did you have drip (IV) fluids this week? If so, when? Did it help?:



Sickness in Pregnancy Plan

1. In the last 24 hours, for how long have you felt nauseated or sick to your stomach?				
Not at all (1)	1 hour or less (2)	2-3 hours (3)	4 to 6 hours (4)	More than 6 hours (5)
2. In the last 24 hours, have you vomited or thrown up?				
I did not throw up (1)	1 to 2 (2)	3 to 4 (3)	5 to 6 (4)	7 or more times (5)
3. In the last 24 hours, how many times have you had retching or dry heaves without throwing up?				
None (1)	1 to 2 (2)	3 to 4 (3)	5 to 6 (4)	7 or more times (5)

Total score: mild ≤ 6 ; moderate 7 to 12; severe ≥ 13 (Scores in brackets)

If you feel that your treatment plan needs to be revised taking a few days worth of these scores to your provider can help them get an accurate picture of the progression of your symptoms.