Pregnancy Sickness Support

Preparing for an HG pregnancy

Guidelines for preparing your care plan for a second or subsequent pregnancy with Hyperemesis Gravidarum (HG)

Disclaimer:
None of the information provided on this website is meant to suggest any medical course of action. Instead the information is intended to inform and to raise awareness so that these issues can be discussed by / with qualified Healthcare Professionals with their patients. The responsibility for any medical treatment rests with the prescriber.

Although it is not a guarantee that one hyperemetic pregnancy will lead to suffering HG again in subsequent pregnancies, studies have shown that there is an increased chance of developing hyperemesis gravidarum in subsequent pregnancies if you have had it once already. It is therefore sensible that you prepare for a 'worst case scenario', particularly if you now have a small child at home to care for as well!

A good GP will be willing to make a plan in advance. Many women experiencing HG find they can not advocate for themselves effectively or indeed even communicated well once they are already ill so having a plan in advance ensures that both the woman and the doctor are happy with the treatment plan and can utilise it if and when required. There is no harm done in making a plan which doesn't need actioning! Take this document along with you to the appointment. If your GP isn't confident with the condition they can contact the charity or they can refer you to a consultant at your local hospital to make the plan.

Things to document in advance

- Get a baseline weight so that severity of weight loss can assessed if required
- Take baseline BP and so that measurements during pregnancy are meaningful
- Discuss treatment options, decide on which ones will be tried (based on which ones woman is happy to try and doctor is happy to prescribe) and boundaries for moving onto next step
- Discuss criteria for admission to hospital and self care at home. For example, is the doctor happy for you to purchase ketosticks and check your own urine for ketones?
- Document treatment plan
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Treatments available

As a first step in a subsequent HG pregnancy there is strong evidence for the use of pre-emptive medication:

- An anti-histamine such as Cyclizine or Avomine in combination with pyridoxine (vitamin B6, 10mg TDS) has been found to be safe and effective for the treatment of nausea and vomiting in pregnancy. When used from as soon as symptoms start in subsequent pregnancies it can reduce the severity of the condition and recent research has found if used *before* symptoms start it can reduce the severity dramatically. (references and some full texts available at http://www.pregnancysicknesssupport.org.uk/resources/downloads/)

If the HG still develops and is not controlled there are a number of other medications available which are commonly offered to women in the UK for pregnancy sickness:

- Prochlorperazine (brand name Stemetil)
- Metoclopramide (brand name Maxolon)
- Ondansetron (brand name Zofran)
- Domperidone (brand name Motilium)
- Prednisolone

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 discuss having TPN in a PICC line this time! However, if you were admitted repeatedly for IV fluids throughout the pregnancy and suffered complications with IV sites and so on then this may be something you would want to discuss, although that is likely to be with a consultant rather than a GP.

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?

NB. Fluids help sickness levels even when no/low ketones are present. Can you request IV fluids BEFORE a significant deterioration and before severe ketosis?

- What criteria will you be admitted to hospital for? Ketones in urine? Unable to keep down oral medication? 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?
- If you need to be admitted what will the procedure be fore that? i.e. avoiding having to go via A&E as that can prove distressing. Will you 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? **If there are already acute care at home teams in your area (generally rural areas) than PSS may be able to provide training to the nurses to provide care for HG sufferers in their homes.*

- Is the doctor happy for you to monitor fluid intake/output at home (i.e. to measure your urine in a jug) and/or to dip your urine for ketones using ketosticks and then to discuss treatment on the phone so as to avoid difficult trips to the surgery which can exacerbate symptoms? Are home visits available and if deemed necessary what is the best arrangement for the surgery (some surgeries require you phone at a particular time etc)
- Which other adults do you give permission to discuss your condition with the doctor; husband, parent, nanny or au pair?

Do you need referral for anxiety therapy or a referral to a counsellor?

- Many women suffer anxiety and depression during Hyperemesis Gravidarum 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 post natal depression after you last pregnancy then it definitely worth discussing.
- You can self-refer to the PSS support network for peer support.

Hopefully this plan will not be necessary and you may not experience pregnancy sickness to the same extent as last time but if you do, or it is worse, at least you will not have the added stress of having to research treatments and struggle to be understood by your care providers and your doctor will feel confident that the plan is made with fully informed consent, making his difficult job of managing this frustrating condition easier!