

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

Hospital name:

Trust: Powys Teaching Health Board

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
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?	No
		If yes, where? Choose an item.
		If 'Other' please specify:
4	If admitted to hospital in which locations are NVP/HG managed?	Under the care of obstetric medicine team
		If 'Different setting depending on gestation' please specify (e.g. <i>gynaecology ward &lt;18 weeks, obstetric ward &gt;18 weeks gestation</i> ):  PTHB would refer any woman suffering from NVP / HG to the nearest District General Hospital for assessment and treatment
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 type="checkbox"/>
		Continued nausea and vomiting associated with weight loss despite oral antiemetics <input type="checkbox"/>
		Ketonuria <input type="checkbox"/>
		Confirmed/suspected comorbidity (e.g. <i>urinary tract infection</i> ) <input type="checkbox"/>
		Other <input type="checkbox"/>
		If 'Other' please specify: We do not have wards in PTHB

Assessment and management						
Which drugs/therapies are routinely recommended by your service?						
Please check the appropriate box						
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	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclizine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domperidone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prochlorperazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promethazine	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thiamine	<input 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 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?			No If 'Yes', please specify: PTHB would refer any woman suffering from NVP / HG to the nearest District General Hospital for assessment and treatment.		
8	Which IV rehydration do you routinely offer? Please select all:			0.9% Normal saline		<input type="checkbox"/>
				Hartmann's solution		<input type="checkbox"/>
				Dextrose		<input type="checkbox"/>
9	Do you offer enteral or parenteral nutrition for patients resistant to treatment?			No		
10	Are patients routinely offered a mental health screen?			No		

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?	<p>PTHB would refer any woman suffering from NVP / HG to the nearest District General Hospital for assessment and treatment.</p> <p>Powys do not have any wards for patients to attend and so would need referral in the case of suffering from NVP/HG</p>