

Hyperemesis Gravidarum Initiative (HGI)

The 2020/21 NSW State Budget committed \$17M towards education and research in Hyperemesis Gravidarum (HG). This funding is aimed at:

- Provision of clinical care including symptom management, nutrition and psychosocial support; as well as home-based support and virtual care
- Help develop education tools to better inform women and health professionals
- Support research
- Ensure hospital, community and primary care providers are better integrated

This is now a 4-year initiative (FY2020/21 – FY2023/24)

Nausea and vomiting is common in pregnancy affecting about 69% of women – 65,000 women across NSW each year. HG affects 1.1% - 1045 women – however, it is likely this is under reported and more likely >3%

The cause of nausea and vomiting in pregnancy (NVP) and HG is largely unknown and definitions vary. SOMANZ proposes a definition for NVP as “nausea, vomiting and/or retching caused by pregnancy, with symptoms commencing in the first trimester, without an alternate diagnosis”. Both will start between the 4th and 10th week of pregnancy and usually improve by 16 -20 weeks. HG is defined by SOMANZ as “nausea and/or vomiting caused by pregnancy leading to significant reduction of oral intake and weight loss of at least 5% compared with pre-pregnancy, with or without dehydration and/or electrolyte abnormalities”.

HG is the main cause for hospitalisation for women in the 1st half of pregnancy. Across SWSLHD we have 15 – 25 Emergency Department (ED) presentations every week with women experiencing NVP or HG. Some will present multiple times before being admitted to hospital. Other women are treated at Ambulatory Care Units – we are still working on sourcing this data.

The care pathways for these women in SWSLHD differs from site to site. Through the HG Initiative we are hoping to make care for women holistic, with streamline referral pathways, consistent relevant, evidence-based information, appropriate management algorithms and medication regimes. This will also include the facilitation of referrals for care from GPs in the community.

Why does it matter?

Although vomiting has been considered part of a normal pregnancy, in its extreme, NVP severely impacts the lives of women and their families. Many women need to take time off work and call on family and friends for help. Other women do not have family close by or in Australia and are often quite socially isolated and will terminate pregnancies. Some may not be entitled to sick leave, so if they don't work there is no income. A woman's mental health can be affected as there is often associated anxiety and depression and for those with pre-existing mental health conditions, medication is often ceased or not tolerated due to the nausea and vomiting and the conditions are exacerbated by the feelings of hopelessness caused by HG.

Apart from the psychosocial impact, women with HG have an increased risk of abnormal electrolytes, thyroid and liver function, venous thromboembolism and placental dysfunction associated with small for gestational age babies, preterm birth, preeclampsia, and increased risk of placental abruption.

The evidence shows that early medical care to manage symptoms and minimise nutritional deficiencies can help prevent refractory vomiting and is associated with better outcomes for both mother and neonate.

The Pregnancy-Unique Quantification of Emesis (PUQE-24) scoring system is a validated scoring system to quantify the severity of NVP. The PUQE-24 scoring system assesses the severity of nausea and vomiting over a 24-hour period, with three questions relating to duration of nausea, frequency of vomiting and dry retching symptoms. An additional question considers overall wellbeing in the previous 24 hours. This tool will be referred to throughout the soon to be released MoH guideline *Identification and Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum* and is also part of the SWSLHD guidelines of the same name. Clinicians will be encouraged to utilise this tool when assessing women with NVP to assist in identification of HG, decision making regarding treatment and need for further referral.

All EDs across the 6 sites in SWSLHD assess and manage women with NVP/HG. Fairfield, Bankstown, and Campbelltown /Camden Hospitals also have Ambulatory Care Units that are able to accept GP referrals for women requiring IV fluid replacement. These women will need to have been appropriately assessed prior to referral. Referral methods differ between sites – contact numbers are below.

Fairfield Ambulatory Care 9616 8999

Bankstown Ambulatory Care 9722 8629

Macarthur Ambulatory Care 4634 3600

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