

# HYPEREMESIS GRAVIDARUM INITIATIVE PROJECT

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*IN PARTNERSHIP WITH THE MINISTRY OF HEALTH*



Health  
Central Coast  
Local Health District

# ACKNOWLEDGEMENT OF COUNTRY



*I would like to acknowledge the original custodians of this land and pay my respects to the Elders, past, present and future, for they hold the memories, the traditions, the culture and the hopes of Aboriginal Australia. Today we are meeting on the land of the Darkinjung people.*



# LEARNING OUTCOMES

- Understanding the HG Project aims
- Understanding the characteristics of HG
- Understanding the impact of HG
- Understanding the PUQE-24 scoring tool
- Understanding HG treatment



# HG INITIATIVE AIMS

- Increase awareness, understanding & attitudes
- Streamline new pathways to care
- Improve integration of hospital, community, & primary health care
- Identify, assess, and manage HG in line with best practice
- Increase research & evaluate care

# HEAR THIS:



- Severe nausea and vomiting
- Strongly limits daily activities
- Main cause of hospitalisation in the first half of pregnancy
- Incidence of 1-3%
- Aetiology is unclear –likely multifactorial
- No universally accepted definition

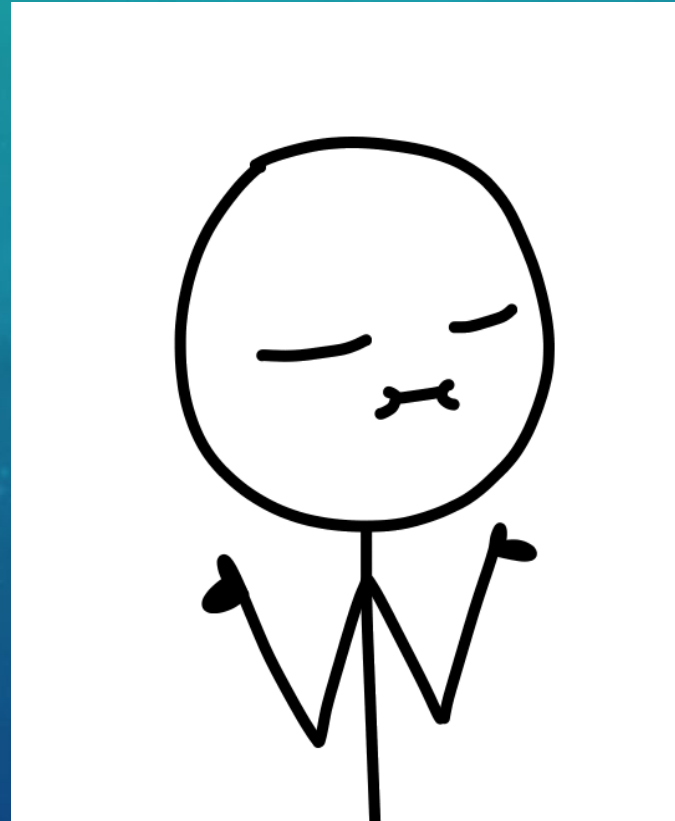


# GAINING CLARITY



- Absence of consistent clinical guidelines
- Inequity of access
- Clinician discomfort with medication
- Limited education
- Poor understanding of mental health
- Variation in views, beliefs & attitudes

# IN OUR POST PANDEMIC WORLD



SO  
WHAT?

# THE WHY

*...most traumatic  
time in my life*

*...I became an  
empty shell*

*...vomiting violently*

*...so sick, dehydrated and  
not knowing how to help  
myself*

*...I still have PTSD from  
my Hyperemesis.*



# HUMAN COST OF HG

- *“Depression, anxiety, PTSD and maternal-fetal attachment have all been studied in relation to HG and it is considered that the true psychological impact of suffering of HG is significantly underestimated” (Mitchell-Jones et al 2017)*

# MATERNAL COMPLICATIONS

- Electrolyte disturbance
- Malnutrition and loss of muscle mass
- Mallory Weiss tears
- Vitamin deficiency (Thiamine)
- Dental enamel erosion
- Placental dysfunction
- Altered mental health status and impact on family unit



# NEONATAL COMPLICATIONS

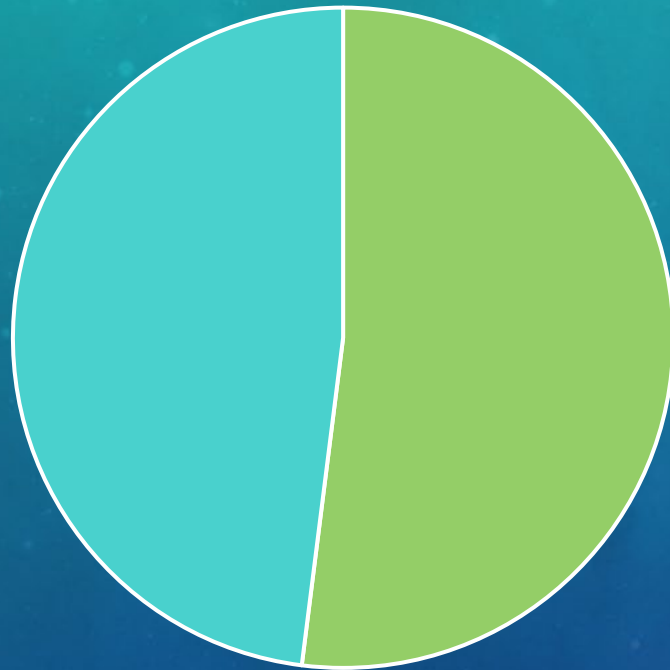


- Low birth weight
- SGA
- Prematurity



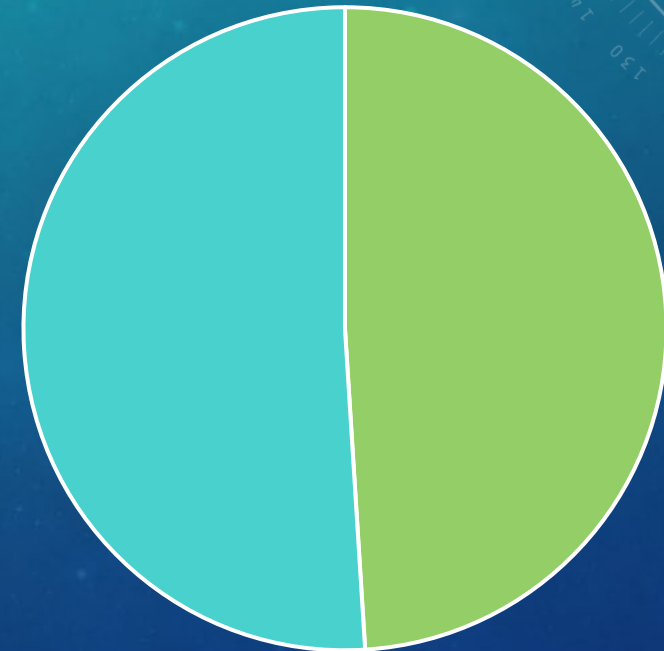
# BURDEN OF DISEASE

276 ED Presentations 2020



■ Wyong (N=144) ■ Gosford (N=131)

274 ED Presentations 2021



■ Wyong (N= 133) ■ Gosford (N=141)

# DATA INSIGHTS

- Mean wait time of 4.196 hours
- Average length of stay 3 hours 52 minutes
- 3.9% re-presentation rate within 48hours
- Up to 13 presentations to ED within one pregnancy for management of HG



# IDENTIFY

- Ask *every* woman at *every* visit between 4-16 weeks gestation about nausea and vomiting of pregnancy





# ASSESS – PUQE-24

## Motherisk PUQE-24 scoring system

|   |                     |                    |               |               |                        |
|---|---------------------|--------------------|---------------|---------------|------------------------|
| 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) | 4–6 hours (4) | More than 6 hours (5)  |
| In the last 24 hours have you vomited or thrown up?   | 7 or more times (5) | 5–6 times (4)      | 3–4 times (3) | 1–2 times (2) | I did not throw up (1) |
| In the last 24 hours how many times have you had retching or dry heaves without bringing anything up? | No time (1)         | 1–2 times (2)      | 3–4 times (3) | 5–6 times (4) | 7 or more times (5)    |

PUQE-24 score: Mild  $\leq$  6; Moderate = 7–12; Severe = 13–15.

# ASSESS

- History
- Physical examination
- Assessment of hydration status
- PUQE-24 score
- Obstetric ultrasound
- Exclusion of differential diagnosis
- Pathology (EUC, LFT, CMP, possibly TSH)
- Mental health assessment

## Edinburgh Postnatal Depression Scale (EPDS)

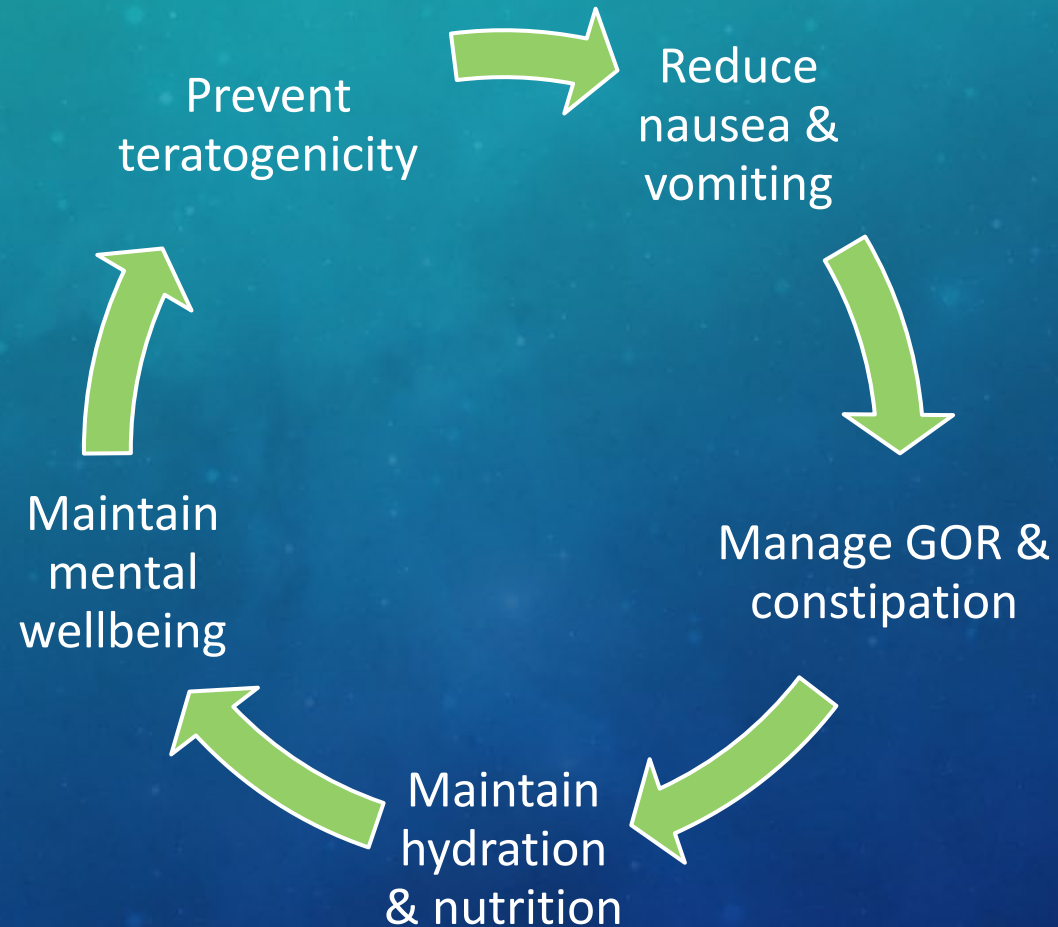
Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150 782-86. Reproduced with permission.



Name: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days**.

# PRINCIPLES OF HOLISTIC MANAGEMENT





# MANAGE

## NON-PHARMACOLOGICAL

- Rest
- Diet
- Acupuncture/Acupressure
- Psychosocial support



# MANAGE

## PHARMACOLOGICAL

- Anti-emetics: herbal/vitamins, prescribed
- Acid suppression
- Laxatives
- Steroids
- Other supplements



# SOMANZ (CURRENT)



Society of Obstetric Medicine  
of Australia and New Zealand

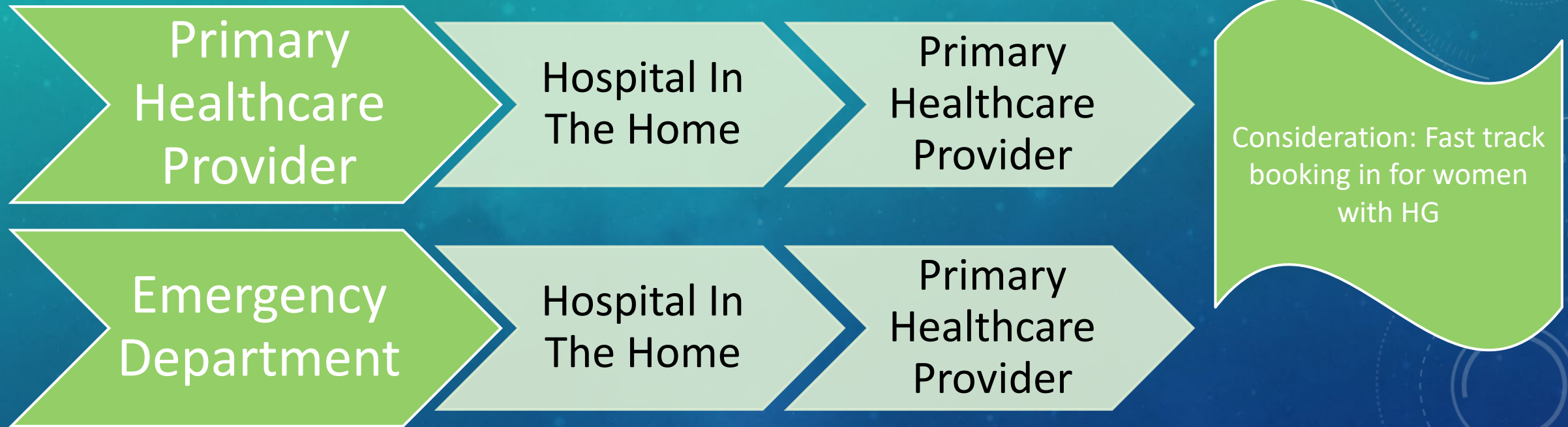
# MINISTRY OF HEALTH (FUTURE)



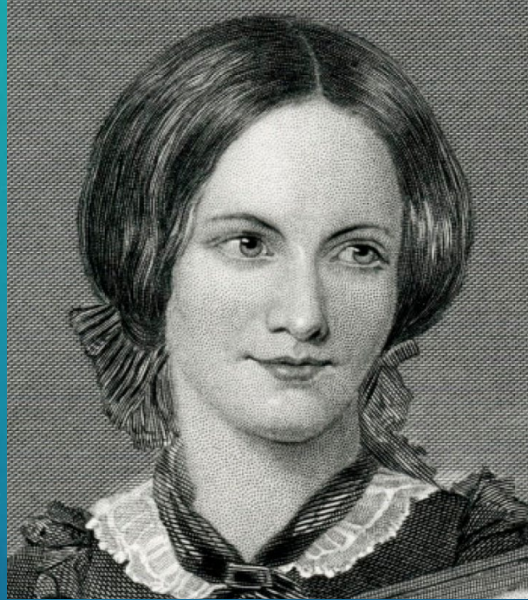
Health



# NEW (POTENTIAL) PATHWAYS TO CARE



# WHAT DOES THE FUTURE HOLD?



*“Let me speak the plain truth – my sufferings are very great – my nights indescribable – sickness with scare a reprieve – I strain until what I vomit is mixed with blood” (Charlotte Bronte 1855).*

# WHERE TO FROM HERE?

- Steering committee
- MoH Clinical Guideline published
- Increase clinician awareness and education
- Imbed PUQE-24
- Commence new referral pathways
- Evaluate data





*Thank you*

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