



I suffered with Hyperemesis Gravidarum during my previous pregnancy/ies and therefore wish to have a care plan in place as I go into another pregnancy. Studies have shown that there is an increased risk of developing HG in subsequent pregnancies if you have had it before and I would like to have a plan in place with regards to my treatment before I become unwell and find it harder to advocate for myself.

This plan has been made with my GP/Consultant \_\_\_\_\_ and is to be implemented when I plan to get pregnant and in the event of my suffering with Hyperemesis Gravidarum again. I wish for a copy of this plan to be inserted into my medical notes/maternity notes.

This care plan has been agreed by:

Patient:

Doctor:

Signed:

Signed:

Date:

Date:

**Pre-Pregnancy Prophylactic Regime:**

This will be pregnancy number:

Details of previous pregnancies:

Weight at initial/pre-pregnancy appointment:

BMI:

Blood pressure:

Adults I give permission to discuss my condition with my healthcare providers once I am ill are:



**Before pregnancy/whilst trying to conceive, I will take:**

Folic Acid

Pyridoxine (vitamin B6)

Other:

**Management during pregnancy:**

Once pregnant I would like to start taking:

- Cyclizine
- Pyridoxine (vitamin B6),
- Promethazine
- Xonvea (20mg/20mg at night)
- Stemetil/Prochlorperazine

I will start this medication:

- As soon as I have a positive pregnancy test OR
- When I start to notice symptoms

*Note - the 2024 RCOG Guidelines for treating nausea and vomiting in pregnancy states:*

*'A Canadian study comparing women with NVP (PUQE score of 13 and above) who took pre-emptive antiemetics before pregnancy or before the onset of symptoms with those who did not, reported a lower recurrence rate of HG in the group that took pre-emptive antiemetics.*

*Women who have experienced severe NVP in a previous pregnancy may benefit from initiating dietary and lifestyle changes, such as arranging childcare to facilitate rest and adjusting to a "little and often" diet, and commencing antiemetics before or immediately at the start of symptoms in a subsequent pregnancy.'*

**Other medication(s) I would like to try if/when my condition worsens:**

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Buccastem                 | <input type="checkbox"/> Metoclopramide                      | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Pyridoxine (vitamin B6),  | <input type="checkbox"/> Omeprazole                          |                                   |
| <input type="checkbox"/> Promethazine              | <input type="checkbox"/> Domperidone                         |                                   |
| <input type="checkbox"/> Cyclizine                 | <input type="checkbox"/> Ondansetron (alongside a laxative?) |                                   |
| <input type="checkbox"/> Stemetil/Prochlorperazine | <input type="checkbox"/> Xonvea                              |                                   |

**Combinations I tried/found helpful previously:**

**I do not want to try:**



**Criteria for further treatment:**

| Symptom   | Indication to move on (tick) | Method of monitoring (i.e. patient reporting/appointment at surgery) | Agreed by doctor (tick) |
|---|------------------------------|--|-------------------------|
| Nausea and/or vomiting preventing reasonable level of functioning |                              |  |                         |
| Fluid intake <500ml per day                                       |                              |  |                         |
| Weight loss >5% of pre pregnancy weight                           |                              |  |                         |
| Other   |                              |  |                         |

**Additional information:**



**Criteria for a hospital admission for IV fluids/further treatment:**

| Symptom   | Indication to move on (tick) | Method of monitoring (i.e. patient reporting/appointment at surgery) | Agreed by doctor (tick) |
|---|------------------------------|--|-------------------------|
| Not responding to medication and/or vomiting preventing intake of oral medication |                              |  |                         |
| Fluid intake <500ml per day despite medication                                    |                              |  |                         |
| Patient showing clinical signs of dehydration                                     |                              |  |                         |
| Increased weight loss of >10% or pre pregnancy weight                             |                              |  |                         |
| Other   |                              |  |                         |

**Hospital where I will go for treatment:**

**Contact phone number(s):**

**Route of admission (i.e. GP referral, A&E, assessment at the EPU etc)**

**Is there an option for open access if I need to return for fluids?**



Additional information/notes/updates:

**Disclaimer:**

*None of the information provided by Pregnancy Sickness Support 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.*