

Severe nausea and vomiting in pregnancy

“Suffering in silence”

Presented at the HQSC “Let’s talk” conference

9 March 2018



“It’s like having a hangover without the party”.

- A woman’s story:
- I didn’t have such bad nausea and vomiting in my other pregnancies. I got morning sickness with all of the kids but not like this. I have never lost weight, never ended up in hospital like this. This one was definitely more severe than any of the other ones.
- This one started when I got really sick with cellulitis in my leg. The doctor said he did not think it had to do with the leg problem and that is when I found out I was pregnant and then it just got worse and worse and worse from there. I was only about 3 weeks when I started vomiting. I went to the doctor and they sent me to see the midwives who told me to go back to the GP and it was just muck around until yesterday when I was referred to the hospital.

Nausea and vomiting started at 2am every morning and then a week or so later from 4am. From 4am onwards no matter what I did I just continued spewing. I was spewing at least 20 times a day. It made me feel disgusting. It was like my body was shutting down. I could feel it was giving up on me. I have been off work for a couple of weeks. I tried prescription tablets but they did not help at all. I tried so many other things: I'd been to the health food shop and got health pills from them, tried the Seaband bracelets, I tried ginger, I tried lemon, I tried cranial massage, I tried everything. Nothing was working.

So when I started vomiting I could not go to work and I could not manage the children and my home. My husband had to come home from work and pick up the pieces. It was pretty tough for me and the family but now, hopefully, today I feel good and feel a lot better in myself since I have had 3 bags of fluid. I am now on a few medications, different vitamins and a needle in my tummy to stop clots because of my dehydration. The plan is to weigh me every day to ensure I am gaining weight again. So I have to eat little bits of food, or try to but am not sure how long I will stay in. I have to have a scan today.

It was frustrating, really frustrating to go from person to person to get help. In the end I just felt like giving up, suffering, staying at home 'cos I couldn't leave my house without getting sick. It was such an effort to go somewhere and get told to go somewhere else.

Living in a rural area, it would have been helpful if the GP could have prescribed me something and done something locally. It wasn't a problem coming to the hospital but it was a hassle to get someone to look after my daughters late at night and it really stressed them out. Other than that it has been ok. I waited in ED for 2 and half hours. They first took me into the ED part and then they put me back outside in the waiting room after giving me a bag of fluids. I was still vomiting at that time. It was horrible sitting out there with a vomit bag. I would just try and hold it in as long as I could. I don't like being in the hospital ward because I don't like the smells of hospital and it doesn't help that I am pregnant. It would be so much better if I didn't have to come into hospital.

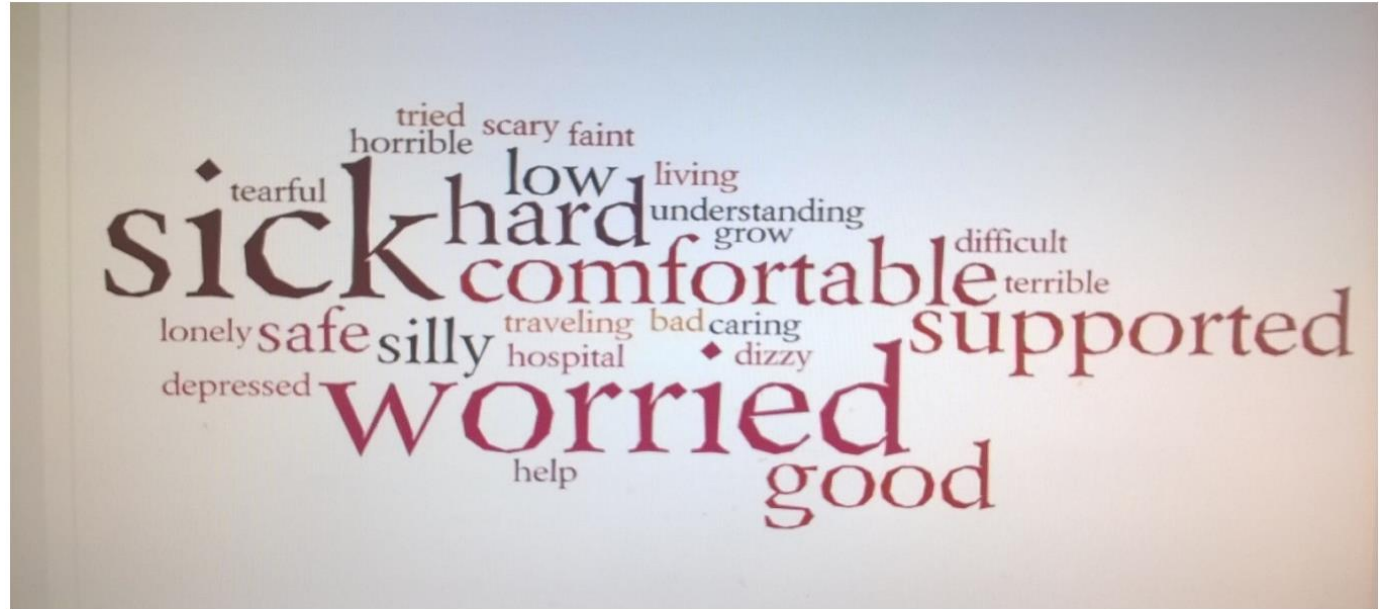
I would describe this feeling after vomiting so much as a hangover with no party – just constant...

A partnership approach

- Midwives listening to women – a challenging story
 - A hidden disorder
 - Isolation
 - Depression
 - Disrupts relationships
 - Elective terminations
- Health care professionals working together to address the issues
 - Consumer
 - Midwife LMC
 - Maternity quality and safety coordinator
 - Gynae CNS
- Co-designing a collaborative care pathway

Project aim 1

- Understand women and families experiences and needs
 - developed an EBQ
 - Results displayed in a wordle



(www.wordle.net/create)

Project aim 2

- Understand the experiences of health providers
 - Indepth interviews with LMCs
 - Supportive
 - Time constraints
 - Cost constraints
 - Lack of remuneration
 - Obstetric/gynae staff
 - Time in ED
 - Late presentations, increased complications such as risk of pulmonary emboli
 - Primary Options for Acute Care (POAC)
 - Meet health needs in timely fashion
 - In the community
 - Reduce acute demand on hospital services especially ED

Project aim 3

- Explore the management and rehydration of women with SNVP in community settings
 - A consumer leaflet to help women
 - POAC – collaborative care pathway
 - PUQE index

Consumer leaflet

Anxiety & Depression

Ongoing nausea and vomiting can make you feel miserable and depressed. If you are feeling like this speak to your family and midwife/GP as soon as possible so that they can help you with this. Please don't suffer in silence.

Hospital admission

Not all women with SVNVP are admitted to hospital, you may be treated in the Gynaecology Assessment Day Unit (GDAU) or the Emergency Department, then discharged home. Occasionally some women with SVNVP require a hospital admission for rehydration, anti-sickness medication and rest.

Hospital discharge

Family support is also important in helping treat SVNVP. It is vital that family and friends know how you feel so they can help you through this difficult time. They may be able to help especially when you go home by helping to prepare food, doing housework and helping to look after other children to allow you to get some rest.

Helpful Resources

Compendium for a Healthy Pregnancy and Normal Birth by Joan Donley.
ISBN: 0473098776. Available to borrow from the Manawatu Home Birth Association website:
www.homebirthmanawatu.wordpress.com/library

Hyperemesis Education and Research Foundation (HER):
www.helper.org/mothers/survival-guide-downloads/

After reading this information are there any questions you would like to ask?

List them below and ask your midwife/LMC at your next appointment

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Feedback

If you have any concerns please talk to a member of staff providing your care. They will do their best to address your concerns.

If you are still not satisfied, you can contact our Customer Relations Co-ordinator, phone (06) 350 8980 or (06) 350 8974 or email customer@midcentraldhb.govt.nz

You can also provide feedback to us by completing a "Tell Us What You Think" form located in most services, or using our online feedback form via our website www.midcentraldhb.govt.nz

Severe Nausea and Vomiting in Pregnancy (SNVP)



Appendix II: Pregnancy-Unique Quantification of Emesis (PUQE) index²⁰

Total score is sum of replies to each of the three questions. PUQE-24 score: Mild ≤ 6 ; Moderate = 7–12; Severe = 13–15.

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 ≤ 6 ; Moderate = 7–12; Severe = 13–15.

How many hours have you slept out of 24 hours? _____ Why? _____

On a scale of 0 to 10, how would you rate your wellbeing? _____
0 (worst possible) → 10 (the best you felt before pregnancy)

Can you tell me what causes you to feel that way? _____

Pregnancy-
Unique
Quantification
of Emesis
(PUQE) Index

Next Steps

1

Meet on 15 March 2018 to continue work on Collaborative care pathway

2

Socialise pathway with Lead Maternity care providers, Obstetric and gynaecology staff, ED staff, POAC service providers

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- Inez Rademacher-Schmidt (consumer extraordinaire)

The women who
“suffered in silence”
but were willing to
share their stories to
prevent others
suffering similarly.

Working as a co-design team – staff and consumers together



Any questions?



- Any comments?