

# Improving the management of Hyperemesis Gravidarum

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**Introduction:** 8 out of 10 pregnant women experience nausea and vomiting in pregnancy, however Hyperemesis Gravidarum (HG) is defined by excessive nausea and vomiting in pregnancy that often results in hospital stays and intravenous treatment. It is not known exactly how many women it affects, although it is thought to stand at approximately up to 3 in every 100 pregnant women.

In 2017, J Doraiswamy and N Fernandopulle implemented a day case pathway for patients with HG. At the time there were up to 70 patients attending the hospital each year in the county.

Due to the pandemic this was moved down to gynaecology outpatient department, leaving a sole staff member and 1 clinic room to treat all patients during the hours of Monday to Friday, 0900 until 1700. There have been significant increases in patients attending the hospital with HG since the original set up, highlighting the pressures and gaps that remain in this service.

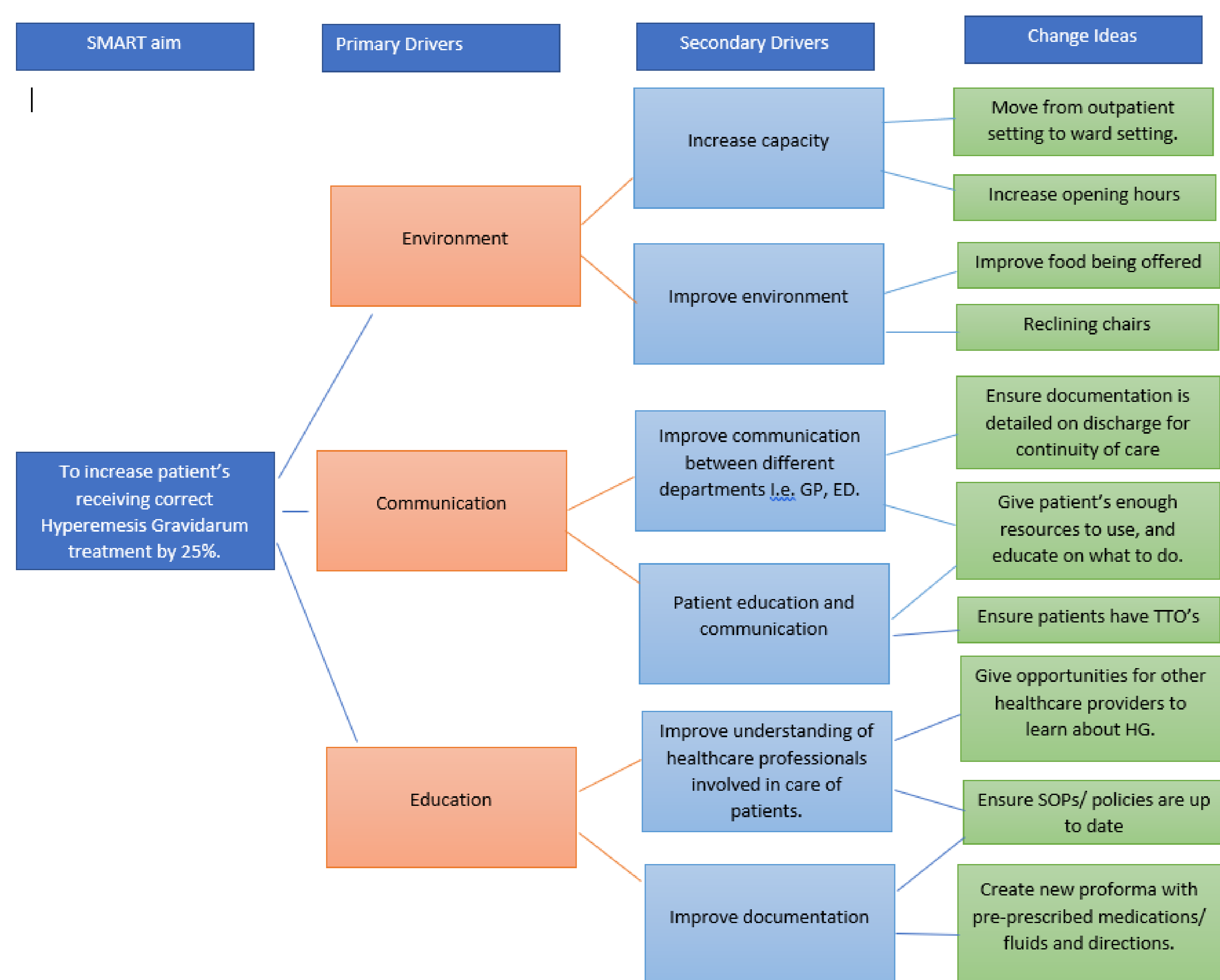
Patients with Hyperemesis Gravidarum are still having to attend the Emergency Department and be admitted to a ward for treatment when attending out of hours for the clinic. The treatment they receive is not always delivered in a timely manner, or the full treatment. This is due to lack of capacity for the whole county, as well as lack of knowledge.

The treatment required by HG patients hasn't changed much since 2017, however there has been little evidence to suggest overnight stays are required. By improving access to treatment, education for healthcare professionals and patients, as well as better time management, the care HG patients receive should improve and benefit everyone involved.

This clinic/ assessment unit is also used to assess all emergency gynaecology conditions and attendances. This usage stands at an average of 125 patients per month.

**SMART aim:** To increase patients receiving correct Hyperemesis Gravidarum treatment by 25% in 6 months.

## Driver Diagram



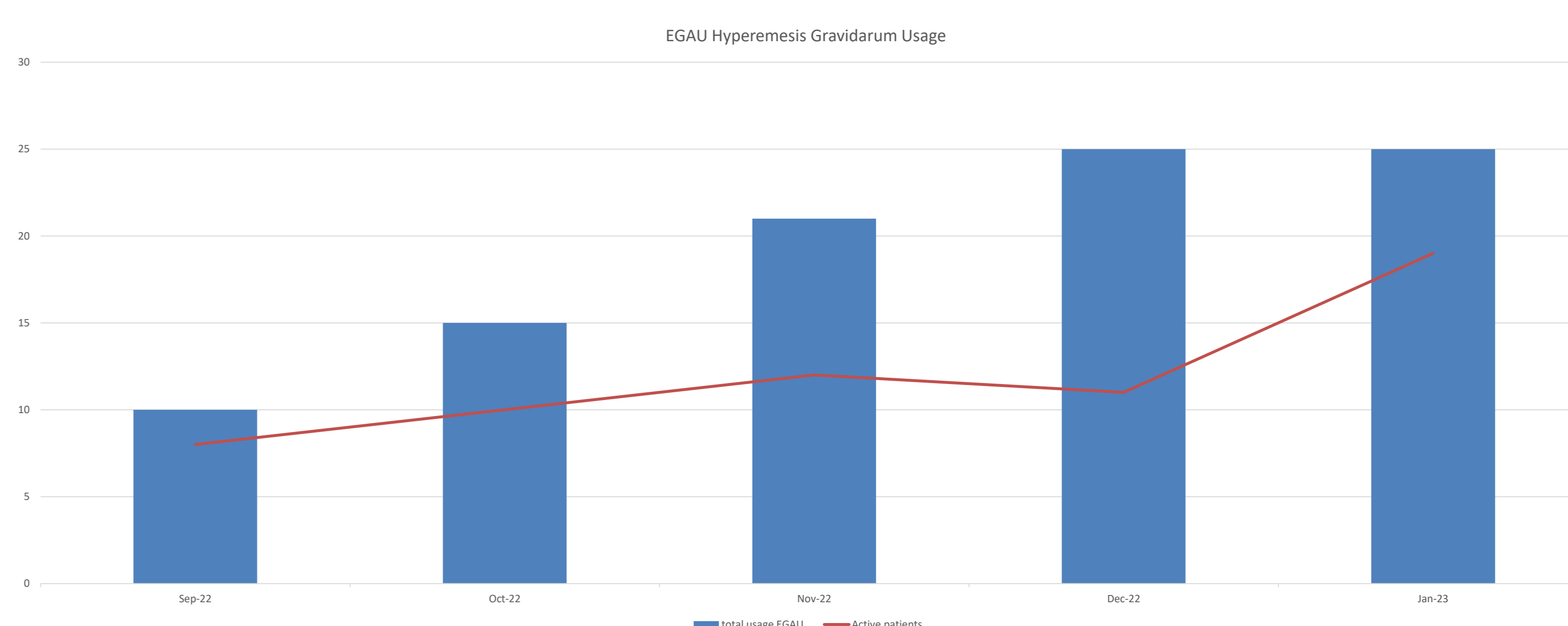
## PDSA Cycles

PDSA cycle 1 – Survey Patients experiences

PDSA Cycle 2 – Re-design proforma and documentation

PDSA Cycle 3 – Educate all healthcare professionals involved in care of HG patients

PDSA Cycle 4- Move unit from outpatient setting to ward based increasing capacity and availability



## Measures and Outcomes

**Outcome measure:** The percentage of patients receiving correct HG treatment: Between September 2022 and January 2023, EGAU attendances for Hyperemesis Gravidarum treatment increased by 150%. Patients known to EGAU are still however having to use ED's services, with 60% of patients having at least 1 attendance to ED in September 2022 compared to 64% of patients in January 2023. Many of those were out of hours for EGAU, or first attendance of Hyperemesis Gravidarum.

**Process measures:** Percentage of healthcare professionals educated in caring for HG patients. Increasing capacity and availability for treatment of patients

**Balancing measures:** Percentage of patients treated in ED (outside of the Unit) due to unit working hours. As Unit depends on patients being referred within working hours of unit which are 0800 - 2030, due to the nature of HG this will still result in a percentage of patients being treated in ED.

## Conclusion

With the PDSA cycle improvements, there has been a positive outcome for all primary drivers identified.

Although there is an upwards trend of patients being referred to the Emergency Gynaecology Assessment Unit for Hyperemesis Gravidarum treatment, there are still barriers to patients receiving the full and correct treatment.

**Next Steps:** At present, ensuring the unit remains as ward-based, and is staffed 7 days per week is critical.

Improve communications of HG referrals, including patients who attend ED being given the contact number for EGAU to self-refer if requiring further treatment within 3 weeks of initial treatment.

Longer term the plan will be to make the unit 24 hours, 7 days per week. The unit could possibly benefit from being ANP led, with doctor support when required.