



## Checklist for G.P's and Midwives to Assess the Severity of Nausea and Vomiting Symptoms in Pregnant Women

Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum can be particularly isolating for women experiencing them; in first pregnancies it is usually a complete shock to find themselves feeling so ill and it is important that Healthcare professionals take them seriously so that they can feel understood and that the condition is a valid one [1].

Complete a thorough assessment of the symptom severity using our checklist for GPs and Midwives:

### Background information from notes:

- How many weeks pregnant is she? From Last Menstrual Period (LMP)
- How many previous pregnancies?
- History of Nausea and Vomiting (NVP) Symptoms in previous pregnancy?

### History Questions:

Symptoms usually begin in 1<sup>st</sup>. trimester at about 6 weeks to 8 weeks gestation typically peaking at about 9 weeks gestation & settling about 12weeks gestation. Only a minority of women have symptoms after 20 weeks gestation [2] (gestation equals from LMP)

- How many weeks from LMP did symptoms start?
- For how many hours a day are you feeling nauseated?
- How many episodes of nausea occur each day? **NB.** *A large majority of pregnant have episodes of nausea before & after midday. Therefore the term morning sickness is a misleading name. A more appropriate name is episodic nausea & vomiting of pregnancy*
- Have you vomited?
- How many times a day?
- Have you lost weight compared to your weight before you became pregnant?

### Assess the effect of the symptoms:

- Can you eat and drink properly?
- How many times vomiting a day? **NB.** *No. of vomits and quantity of fluids lost are significant*
- Have you lost weight more than 5% of weight before you became pregnant?
- Is nausea affecting your normal lifestyle?
- Is your ability to shop, cook or do housework affected?
- Are your symptoms affecting your ability to do paid work?
- Are you feeling depressed because of your symptoms of NVP? [3]

## Prescribe Oral Anti-emetic Therapy if required [2]

- Cyclizine 50mgs tablets one nocte increasing as needed to one tds should be the first choice and add Pyridoxine (vitamin B6) 10mgs tablets up to maximum of 4 tablets daily if needed. [3]
- Offer anti-emetics to women in primary care in whom nausea & vomiting interferes with normal function.[2]

## Assess for signs of Hyperemesis Gravidarum (HG):

- is there any evidence of dehydration? **NB.** *Symptoms & signs may include scanty dark infrequent urine 1<sup>st</sup>, dry mouth, difficulty in swallowing, red swollen tongue, loss of skin elasticity, loss of weight, low B.P., raised pulse rate, lethargy or later confusion.*[4]
- is there any ketonuria?

## Criteria for referral to secondary care [1]

- Continued nausea and vomiting associated with ketonuria **OR** weight loss (greater than 5% of pre-pregnancy body weight) despite oral anti-emetics
- Continued nausea and vomiting and inability to keep down oral antiemetics
- Confirmed or suspected co-morbidity (such as confirmed urinary tract infection and unable to tolerate oral antibiotics) [3]

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[www.pregnancysicknesssupport.org.uk](http://www.pregnancysicknesssupport.org.uk), July 2011

## References

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