

2010 Conference

Thanks for all those who attended our first National Conference on Pregnancy Sickness & Hyperemesis Gravidarum. All of the feedback on the day was very positive



Conference delegates networking during a coffee break



Dr Roger Gadsby (Chairman of the Trustees) summing up at the end of the day

MEETING REPORT

NATIONAL CONFERENCE ON NAUSEA & VOMITING IN PREGNANCY

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Chairman of Trustees of Pregnancy Sickness Support Charity

INTRODUCTION

Nausea & vomiting of pregnancy (NVP) occurs in around 80% of women and around 1 in 100 has such severe symptoms that they require admission to hospital, when it is termed hyperemesis gravidarum (HG) (1). The condition is under appreciated and under researched. This first conference in the UK on NVP & HG organised by the Pregnancy Sickness Support Trust in association with the Universities of Lincoln and Warwick, brought together around 50 researchers, clinicians and women who had suffered with the condition. During the day the participants discussed its impact, its management, research in progress and how to get better recognition for the condition.

SUMMARY

NVP & HG are under appreciated and under researched

There are no licensed medications, nor treatment algorithms in the UK

Women suffering from the condition say that they often receive no support or help from healthcare professionals.

SUMMARY OF PRESENTATIONS

The morning sessions of the conference were chaired by Dame Lorna Muirhead, the Lord

Lieutenant of Liverpool and a past president of the Royal College of Midwives.

A DESCRIPTION OF NVP

The first speaker was Dr Tony Barrie-Adshead a retired GP who has had an interest in the condition for over 40 years. He spoke about the natural history of the condition, its episodic nature, the timing of onset and cessation and the fact that the term “morning sickness” should not be used as it can seem to trivialise a condition which causes nausea and vomiting both before and after midday.

THE PSYCHO-SOCIAL IMPACT OF NVP

Dr Brian Swallow a chartered health psychologist from the University of Lincoln outlined the psycho-social impact of the condition. He dealt with 5 factors, the adverse impact on, quality of life, physical well being, mental well being, the effect on families and the perceived support from health care professionals.

TREATMENTS FOR NVP

Dr Roger Gadsby spoke about treatments and highlighted that no medication is licensed for treatment of NVP in the UK. There are no approved treatment guidelines or treatment algorithms for NVP or HG in the UK.

The National Institute of Health & Clinical Effectiveness (NICE) ante –natal guideline (CG 62) reviewed treatments for NVP (2) . They say that if a women requests or would like to consider treatment, the following interventions appear to be effective in reducing symptoms:-

- Ginger
- P6 (wrist acupressure)
- Antihistamines

A Cochrane review of therapies for NVP was published in 2002 (2). Twenty three randomised controlled trials (RCT’s) of treatments were reviewed . The analysis of all anti-emetic drugs using data from 13 trials of antihistamines showed a beneficial reduction in the incidence of nausea. In 4 trials they caused more drowsiness and sleepiness than placebo.

A review of 24 studies with over 200,000 participating women indicated that there is no positive association between the use of H1 blocker antihistamines in the first trimester and the rates of major malformations. The conclusion was that their review has an unprecedented power to reject the suggestion of teratogenic potential of this class of drugs (3)

HYPEREMESIS GRAVIDARM

Mr Chrisoph Lees a Consultant in Obstetrics and Foetal Maternal Medicine from Addenbrookes in Cambridge gave an overview of HG. He discussed the relationship of HG and adverse pregnancy outcomes, the place of scanning, the relationship of thyroid status and HG, genetic/environmental influences and the safety of treatments offered. He also considered the evidence for benefit of the use of day case care for rehydration treatment of HG, which in the past required more prolonged admission.

STERIOD TREATMENT OF SEVERE HG

Professor Roy Taylor from Newcastle spoke about his experience of using steroids to successfully treat severe HG. He also discussed the criteria for referral and admission for women suffering with HG.

THE CANADIAN EXPERIENCE

Adrienne Einarson from “motherisk” based at the Sick Kids hospital in Toronto spoke about the support and advice given to women suffering from NVP by counselors on the motherisk helpline. Canada has a medication called Diclectin, containing 10 mgs of doxylamine (an HI receptor blocker antihistamine) and 10mgs of pyridoxine (vitamin B6) which is licensed to treat NVP in Canada.

Canada and the USA have both developed treatment guidelines and an algorithm for NVP management (4,5). Both Canadian and American guidelines recommend early recognition and management of NVP. They suggest that a doxylamine/pyridoxine combination should be standard care, or first line treatment, since it has the greatest evidence to support its safety and efficacy.

RESEARCH PRESENTATIONS

Eight research presentations were given in two parallel sessions after lunch.

The subjects included:-

NVP and the role of dietary protein

Mothers reports of nausea and vomiting during pregnancy and breastfeeding duration

Womens responses to nausea and vomiting in pregnancy

NVP of early and Late pregnancy: relationship with psychosocial determinants of health

Is ginger always a safe option for women with “morning sickness”

Vomiting and the wish to have a child

The impact of HG on maternal mental health and maternal foetal attachment

A randomized controlled trial of the “hyperemesis Impact Symptom (HIS) score for individualized assessment and management of symptoms of HG.

WORKSHOPS

The one day conference concluded with two workshops. One on HG looked at admission criteria, in patient management and follow up, and it is planned to take this work forward into a consensus statement.

The second workshop considered patient perspectives on NVP and HG. A number of women who had suffered from severe NVP & HG spoke of the way they felt their symptoms and difficulties had been ignored or over looked by healthcare professionals. They felt they had been accused of “making a fuss” by both healthcare professionals and their employers. They felt that there was little or no consistency in management or advice or treatment offered from the healthcare community. Often it was said “Don’t worry, it can’t be too bad and you will soon get over it”

One male attendee said that it was a scandal that NVP was so under appreciated and understood. He felt that had it been a condition suffered by men it would have had a lot more attention!

PUBLICITY

Pre-conference publicity was organized by Brian Swallow and the publicity office at the University of Lincoln. It featured a family in which the wife had experienced such severe NVP & HG that she had elected to have a termination of pregnancy. This story featured in articles in a number of national newspapers and led to two national radio interviews on BBC radios 2 & 4 and a number of interviews on local radio stations, so achieving one aim of the conference, that of beginning to raise the profile of the condition.

CONFERENCE OUTPUTS

A number of conference outputs are planned.

A We are hoping to publish the full conference proceedings in a journal

B We are planning to draw up a consensus statement on admission criteria, in patient management (including day case care) and follow up of HG. We plan then to send this to the Royal College of Midwives and the Royal College of Obstetricians & Gynaecologists for consideration.

C We are hoping to be able to capture a number of “patient stories” of the condition along with names of women who are prepared to speak to the media to enable awareness of the condition to be

raised.

REFERENCES

1 GADSBY R, BARNIE-ADSHEAD AM, JAGGER C.

A prospective study of nausea and vomiting during pregnancy. *Brit J Gen Pract* 1993 ; 43: 245-248.

2 NICE Antenatal Care guideline CG 62 NICE London 2008 www.nice.org.uk

3 SETO A, EINARSON T, KOREN G. Pregnancy outcome following first trimester exposure to antihistamines: Meta-analysis *Am J Perinatol* 1997; 14: 119-124.

4 ARSENAULT M-Y, LANE CA. The management of Nausea and Vomiting of Pregnancy (SOGC Clinical Practice Guideline) *J Obstet Gynaecol Can* 2002; 24 (10) 817-823.

5 AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS (ACOG) Practice Bulletin 52 Nausea and Vomiting of Pregnancy. *Obstetrics and Gynecology* 2004: 103: 803-814