PE1454/B

Response to petition PE 01454 - Hyperemesis specialist nurses

Dr Marjory MacLean, Consultant Obstetrician and Lead Clinician for Early Pregnancy, Ayrshire Maternity Unit, University Hospital Crosshouse, Kilmarnock

Comments

Thank you for the opportunity to respond to the petition for hyperemesis specialist nurses. I have watched the video of the Public Petitions Committee on 22nd January, 2013, and listened to Natalie's presentation followed by the question and answer session.

Hyperemesis is a condition of severe pregnancy sickness resulting in weight loss and dehydration requiring hospital admission and treatment.

Putting aside the fact that much of the information presented was factually incorrect, I believe it is very important to highlight the need to improve care for women suffering from this debilitating condition in Scotland. Hyperemesis is often poorly managed, both in primary and secondary care, as its serious nature may not be recognised.

In 'A Refreshed Framework for Maternity Care in Scotland' there is recommendation that all women who experience complications in early pregnancy have access to an early pregnancy assessment service. Management of hyperemesis is **not** covered in this document. It should be noted that Early Pregnancy Units are there for women with pain and bleeding in early pregnancy and care following miscarriage, not for management of hyperemesis. This is standard across the UK and an area I am very involved in, being chairperson of the Scottish Early Pregnancy Network and a member of the Association of Early Pregnancy Units executive (www.earlypregnancy.org.uk).

All women once pregnant have access to a community midwife, and should be given the booklet 'Ready Steady Baby' which has advice on nausea and vomiting in pregnancy although it merely mentions that severe sickness may require hospitalisation http://www.readysteadybaby.org.uk/.

It should also be noted that much of midwifery training is gained during attachments on wards rather than in lecture theatres.

Scottish Audit & Guidelines

I have had an interest in the management of hyperemesis for over 10 years, and first wrote guidelines for the inpatient management of hyperemesis while I was working in Lanarkshire in 2006. These guidelines have been modified and are still in place both in Lanarkshire and

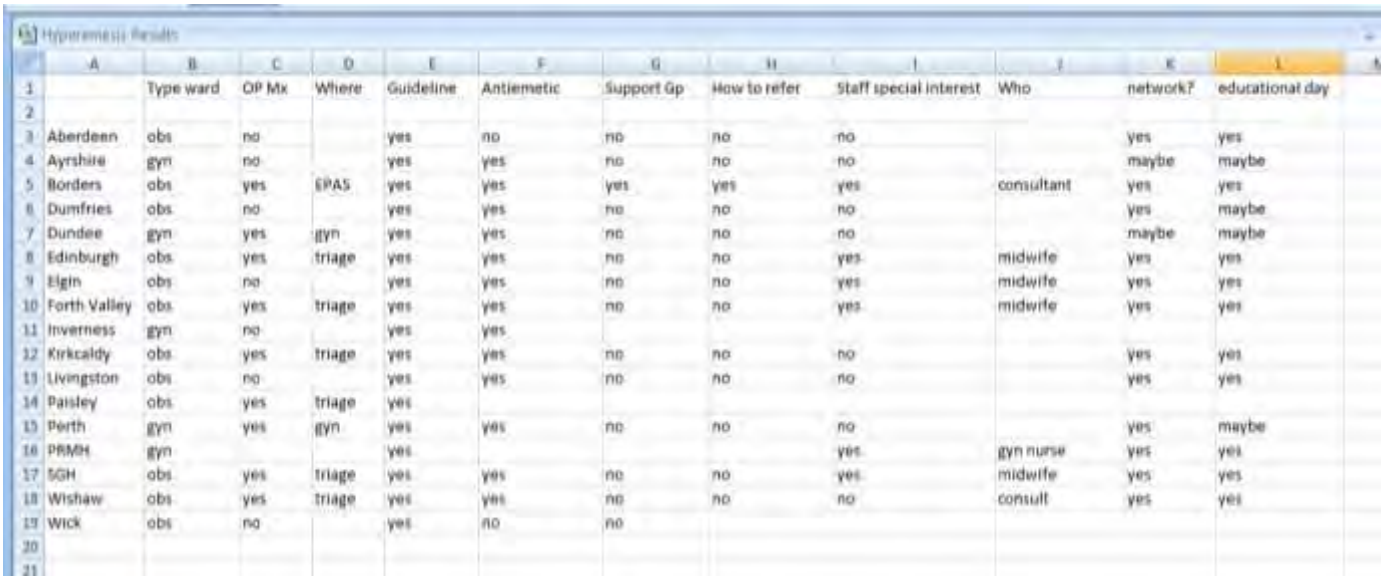
Ayrshire and Arran (can be found on the health board intranet, so not accessed via a google search).

More recently I have become involved with the Pregnancy Sickness Support Group, and in December 2012 I undertook an audit of all maternity units in Scotland to find out what care was provided. Below is a copy of the results so far, but I can confirm that all 17 units in Scotland have a guideline for the management of hyperemesis, however few have a member of staff with a special interest in this area, and Ayrshire was the only unit who provided information about the Pregnancy Sickness Support Group (it should also be noted that Forth Valley did not admit to having any particular expertise in this area).

Hyperemesis was managed in both maternity and gynaecology units, and the majority of units offering out patient management undertook this in Obstetric Triage or Day Care.

I also asked if the unit had a dietician with a special interest in management of hyperemesis, and this was not something any unit had. There had been a dietician at The Queen Mother's Hospital, but part of the amalgamation with SGH resulted in this post being lost.

As part of the audit I asked if units would be interested in forming a Scottish Hyperemesis Network, similar to the Scottish Early Pregnancy Network, of which I am the chairperson. There was a lot of interest in this. There was also a lot of interest in having a study day on management of hyperemesis. I propose taking this forward.



Hyperemesis Results

	A	B	C	D	E	F	G	H	I	J	K	L
1		Type ward	OP Mx	Where	Guideline	Antiemetic	Support Gp	How to refer	Staff special interest	Who	network?	educational day
2												
3	Aberdeen	obs	no		yes	no	no	no	no		yes	yes
4	Ayrshire	gyn	no		yes	yes	no	no	no		maybe	maybe
5	Borders	obs	yes	EPAS	yes	yes	yes	yes	yes	consultant	yes	yes
6	Dumfries	obs	no		yes	yes	no	no	no		yes	maybe
7	Dundee	gyn	yes	gyn	yes	yes	no	no	no		maybe	maybe
8	Edinburgh	obs	yes	triage	yes	yes	no	no	yes	midwife	yes	yes
9	Elgin	obs	no		yes	yes	no	no	yes	midwife	yes	yes
10	Forth Valley	obs	yes	triage	yes	yes	no	no	yes	midwife	yes	yes
11	Inverness	gyn	no		yes	yes						
12	Kirkcaldy	obs	yes	triage	yes	yes	no	no	no		yes	yes
13	Livingston	obs	no		yes	yes	no	no	no		yes	yes
14	Paisley	obs	yes	triage	yes							
15	Perth	gyn	yes	gyn	yes	yes	no	no	no		yes	maybe
16	PRMH	gyn			yes				yes	gyn nurse	yes	yes
17	SGH	obs	yes	triage	yes	yes	no	no	yes	midwife	yes	yes
18	Wishaw	obs	yes	triage	yes	yes	no	no	no	consult	yes	yes
19	Wick	obs	no		yes	no	no					
20												
21												

Local Audit

A recent audit found that in Ayrshire Maternity, approximately 10 women are admitted for treatment of hyperemesis each month (31 over 3 month period, 300 hours in patient

treatment). Many are admitted on more than one occasion. These women require input from a doctor as well as midwife / nurse and ideally a dietician.

A PDSA (plan, do, study, act) for out-patient management of hyperemesis is currently being carried out in Ayrshire. The driver diagram demonstrates that the aim is to treat women earlier and reduce the need for hospitalisation.

Recommendations

I strongly support the need for each unit to have one or two midwives and / or nurses with a special interest in the management of hyperemesis in each maternity unit in Scotland. This would ensure guidelines were up to date, and care of women with hyperemesis would be a priority for them. There are probably insufficient women suffering from this condition to have a dedicated member of staff dealing with this alone, and a multidisciplinary approach should be undertaken involving midwifery / nursing, medical & dietetic staff. Ideally, earlier treatment as an out-patient would reduce the need for in-patient stay. This is an area that units could be encouraged to develop. There may even be scope for fluid replacement in the patient's home as practiced in USA, and is currently being developed in one area in England.

I would also encourage sharing of information and hope that the study day will help with this. Although each unit has a guideline, there may be value in ensuring that these are all as up to date as possible. It was suggested that a SIGN guideline was required, and this would be a good start, but even better would be a national guideline from the Royal College of Obstetricians and Gynaecologists (RCOG). It would be good to approach RCOG and ask them to consider a patient information sheet and 'Green Top Guideline' on management of hyperemesis as this is an area which the RCOG has not yet published advice on. I would hope I could be of help here.

I would also recommend that every unit provides women suffering from hyperemesis with information about support groups such as Pregnancy Sickness Support Group. This has become standard practice following miscarriage, and women greatly appreciate having the contact details for groups like the Miscarriage Association.

At the end of the day, despite excellent management, some women will require in-patient treatment for hyperemesis and it is essential that these women are given high quality care in a suitable environment with the necessary treatment and support to enable them to continue with their pregnancy safely.

I fully support measures which enable this to happen and would be more than happy to discuss this further with appropriate bodies. I hope there will be support for the establishment of a Scottish Hyperemesis Network for professionals working in this area.

Dr Marjory MacLean
Consultant Obstetrician and Lead Clinician for Early Pregnancy,
Ayrshire Maternity Unit,
University Hospital Crosshouse, Kilmarnock