

Impact of Structured Multidisciplinary Care on the Inpatient Management of Hyperemesis Gravidarum

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Objective	Retrospective assessment of the impact of a structured multidisciplinary team (MDT) care on the inpatient management of hyperemesis gravidarum (HEG).
Introduction	Prior to implementing our MDT care, HEG management lacked a structured standardised approach. In 2021, a dedicated MDT team of clinicians, nurses, pharmacists and dieticians developed new guidelines focusing on regular use of Pregnancy-Unique Quantification of Emesis and Nausea (PUQE) chart, a standardised therapeutic approach, daily measurement of calorie intake with careful attention to IV hydration, dietary supplementation, antiemetics and close monitoring of the body weight.
Study Design	Retrospective cohort study at a tertiary care Obstetrics and Gynaecology Centre
Materials and Methods	34 pre-MDT implementation patients (September–December 2020) and 30 post-MDT patients (October 2021-January 22) with severe HEG were included. Information on the PUQE score implementation, daily weights, calorie count, MDT involvement and readmission episodes were collected.
Results	Pre-MDT, a total of 34 admissions from 20 patients (6 had one readmission, and 4 had two readmissions) with 14 readmissions (41%). Post-MDT, there were 30 admissions from 24 patients (4 had one readmission and one had 2 readmissions), a total of 6 readmissions (20%), statistically different ($P < 0.05$). Comparing the Pre-to Post MDT periods, calorie count was documented in 28/30 (93.3%) patients vs. 0, dietician consult in 100% vs 0, and 100% vs 0 of patient were weighed daily respectively.
Conclusion	Implementing a structured multidisciplinary HEG approach resulted in a significant reduction in the readmission rate which can have a significant impact financially and on patient satisfaction. We will continue monitoring our process, assess patients’ perception and experience perhaps by involving the patients themselves via self-scoring.