

BACKGROUND

- HG is a severe form of nausea and vomiting in pregnancy (NVP), affecting 0.3–3.6% of pregnant women, leading to dehydration, weight loss, and hospital admissions. ^[1]
- HG is a leading cause of hospitalization in pregnancy, with an estimated NHS cost of **£62 million annually**. ^[2,3]
- Despite the existence of national guidelines, variability in clinical management persists, affecting patient outcomes.

RATIONALE

- The audit compared clinical practices with **RCOG 2024 and MSE guidelines** across key parameters: mode of prescription, fluid type, potassium chloride use, anti-emetic therapy, thiamine supplementation, thromboprophylaxis, and discharge prescriptions.

METHODOLOGY

- **Prospective** audit was conducted from February 26, 2024 – May 31, 2024, including 33 patients admitted with HG.
- Data were collected from electronic and paper medical records.
- **Inclusion criteria** were patients admitted with nausea and vomiting in early pregnancy, while **exclusion criteria** included patients with nausea/vomiting due to other medical conditions (e.g., UTI, gastroenteritis, pancreatitis).

What was the mode of prescription?	Wellsky (14)	Paper Chart (13)	Both (6)
What type of fluid was administered?	N. Saline (4)	Hartman (27)	Both (1)
Whether Potassium Chloride was administered or not?	Yes (0)	No (33)	
What type of thiamine replacement was administered?	Oral (7)	Injection (10)	None (16)
What type of anti-emetic was administered?	Antihistamine (32) Anti-Dopamine (10) Ondansetron (10)	Phenothiazine (11)	Steroids (0)
What type of thromboprophylaxis was used?	TEDS (8)	Clexane (12)	Both (8)
Whether anti emetics were prescribed at discharge or not?	Yes (30)	No (3)	

Conclusion & Recommendations:

- Findings indicate significant variability in HG management, emphasizing the need for protocol standardization.
- Implementation of the ***Enhanced Protocol for Standardized HG (EPS-HG)*** will ensure adherence to best practices.
- A re-audit in three months will evaluate the impact of these interventions.
- Standardized care, clinician training, and system-based improvements will enhance patient outcomes and reduce hospital readmissions.

1. Gadsby R, Rawson V, Dziadulewicz E, Rousseau B, Collings H. Nausea and vomiting of pregnancy and resource implications: the NVP Impact Study. Br J Gen Pract. Mar 2019;69(680):e217-23.
2. Gazmararian JA, Petersen R, Jamieson DJ, et al. Hospitalizations during pregnancy among managed care enrollees. Obstet Gynecol. Jul 2002;100(1):94-100.
3. Atanackovic G, Wolpin J, Koren G. Determinants of the need for hospital care among women with nausea and vomiting of pregnancy. Clin Invest Med. Apr 2001;24(2):90-3.