

Hyperemesis Ireland

Guide to Healthcare Appointments

It's hard enough to leave the house with HG - it can be really dispiriting to make the trek to your GP or hospital, only to not get the treatment you need.

We are working towards a day when every GP, midwife, and obstetrician in Ireland is completely up to date on HG treatment - but until then, we hope these tips help you make the most out of your (often limited) time with them.

Part 1 covers things you can do before going to your GP or hospital - whether that's an hour in advance or days. Part 2 is specific to your appointment.

Part 1 - Before your appointment

Track your PUQE* score

**pronounced "puke". Yes, really...!*

This is a score used to rate nausea, vomiting and retching over the previous 24h, on a scale from 3 to 15. The HSE guidelines suggest medication and IV fluids for scores of 7+. If you can show the doctor even a few days of tracked scores this can help.

Modified 24-hour PUQE Score

1. On average in a day, for how long have you felt nauseated or sick to your stomach?

Symptom	Not at all	1 hour or less	2-3 hours	4-6 hours	> 6 hours
Score	(1)	(2)	(3)	(4)	(5)

2. On average in a day, have you vomited or thrown up...

Symptom	7+ times	5-6 times	3-4 times	1-2 times	Did not throw up
Score	(5)	(4)	(3)	(2)	(1)

3. On average in a day, how many times have you had retching or dry heaves without bringing anything up?

Symptom	Not at all	1 -2	3-4	5-6	7 or more
Score	(1)	(2)	(3)	(4)	(5)

Total Score questions 1-3: _____

Key: Mild ≤ 6
Moderate $7 - 12$
Severe ≥ 13

On a scale of 0 to 10, how would you rate your well-being? _____
 (0 = worst possible, 10 = best you felt before pregnancy)

Track your weight

If possible, weigh yourself daily at the same time of day to track continuous weight loss. If that's not possible, or you don't want to, weigh yourself at home before your appointment. Hospital scales can be different to scales at home, and you want to be able to show any weight loss from your pre-pregnancy weight (measured at home), as % weight loss can be one of the criteria for treatment.

Take any medications on time as scheduled

If you are taking them "only when it's really bad" or you're not taking them as prescribed, it's harder to tell if they're having any effect. If you can assure the doctor that yes, you've been taking the medication every 6h (for example) but your PUQE score has not come down, it's easier for them to move quickly to the next treatment step.

Write down your questions

It can be hard enough to remember when you're well - if you're nauseous and vomiting it can be really difficult to find the right words. Write down everything you want to know in advance and bring your questions to the appointment.

It's also useful to bring a copy of [the HSE guidelines](#) either printed or saved on your phone - the treatment algorithm your doctor should be familiar with is on p14.

Part 2 - at your appointment

Bring a support person

We know many maternity hospitals are still discouraging partners/support people at routine appointments. **However, if you are sick and unable to properly advocate for yourself, it is not a routine appointment:** you need a support person with you and the hospital should facilitate that.

If your support person can't be physically in the room with you, call them and put them on speaker during the appointment.

Your support person can remind you of your questions, ask on your behalf if you're not able to, and keep a note of any answers.

Ask the provider's name and role

They know your name, so if they don't introduce themselves - ask theirs! Write it down in case you need to refer back to this appointment later.

Asking their role (midwife, SHO, senior registrar etc.) can help too:

e.g.: midwives often do initial triage in Emergency before you see a doctor; if the doctor is an SHO there is usually a more experienced doctor available in the hospital if needed.

Questions to ask about your treatment plan

How quickly should I feel better if this treatment is working?

What's the next step if it doesn't?

The commonly-used medications for HG usually work within hours to days.

Though HG typically lasts beyond 12 weeks and sometimes for the whole pregnancy in some form, you shouldn't be waiting weeks for medications to kick in.

Are there any side-effects I should be aware of? How can these be managed?

E.g.: Phenergan commonly causes drowsiness; ondansetron commonly causes constipation.

Two useful frameworks for other questions:

- **BRAIN:** **B**enefits, **R**isks, **A**lternatives, do we need more **I**nformation, what happens if we do **N**othing
- **Traffic Light:** what do I need to **Stop doing** / **Continue doing** / **Start doing** / ?

Who can I contact if I have a concern/question, and how?

Different hospitals have different procedures: for example, if you need to come back for IV fluids, some may want you to call in advance to avoid Emergency. Get a name and phone number if possible.

If you're not satisfied...

Ask them to write in your notes that they are refusing [X] and why they are doing so. Sometimes this can make them reconsider but if not, it is documented that you have asked.

You are also entitled to a second opinion (though it may not be possible at that specific appointment).

Consider making a complaint to the hospital's Patient Liaison officers - their phone number and email are usually available on the hospital's website and it's not necessarily a lengthy process. Often they can help smooth the pathway to care.