PIPADOR REVISION

MRCOG Part 1 Revision Notes

Hyperemesis

CLINICAL MANAGEMENT • LECTURE 461

VISUAL EXAMINATION REVISION NOTES

2026 Edition

461

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Hyperemesis

Nausea and vomiting of pregnancy and hyperemesis gravidarum — definitions, assessment and management

≈ 1–3%	PUQE	Day care	Thiamine
Hyperemesis	Severity score	Ambulatory IV fluids	Prevent Wernicke's

■ KEY FACTS: Learning objectives

- Define nausea and vomiting of pregnancy (NVP) and hyperemesis gravidarum (HG).
- Describe assessment, including PUQE score and differential diagnosis.
- Describe management in line with RCOG guidance: antiemetic ladder, fluids, ambulatory care and complications.

461.1 Key definitions

Term	Definition
Nausea and vomiting of pregnancy (NVP)	Nausea and/or vomiting starting in the first trimester (before 16 weeks) with no other cause — affects up to 80% of pregnancies
Hyperemesis gravidarum (HG)	Severe protracted NVP with ≥ 5% pre-pregnancy weight loss, dehydration and electrolyte imbalance
PUQE score	Pregnancy-Unique Quantification of Emesis — scores nausea duration, vomiting and retching over 24 h (mild ≤ 6, moderate 7–11, severe ≥ 12)
Ambulatory day care	Outpatient IV fluids and antiemetics without admission
Wernicke's encephalopathy	Thiamine deficiency — confusion, ataxia, ophthalmoplegia

■ IN PLAIN ENGLISH: Hyperemesis

Most pregnancy sickness is manageable at home. HG is a **serious condition with physical and psychological effects** — treat early, escalate through antiemetics, rehydrate, give thiamine and support the woman's mental health.

461.2 Assessment

- History and PUQE score
  - Weight
  - Signs of dehydration
  - Urine ketones
  - U&E, FBC, glucose
  - TFTs (transient biochemical hyperthyroidism is common, from hCG)
  - Ultrasound to confirm viability and exclude multiple or molar pregnancy.
- Exclude other causes: UTI, gastroenteritis, peptic ulcer, pancreatitis, hepatitis, DKA, Addison's, hypercalcaemia, drug toxicity — NVP starting after 16 weeks needs another explanation.

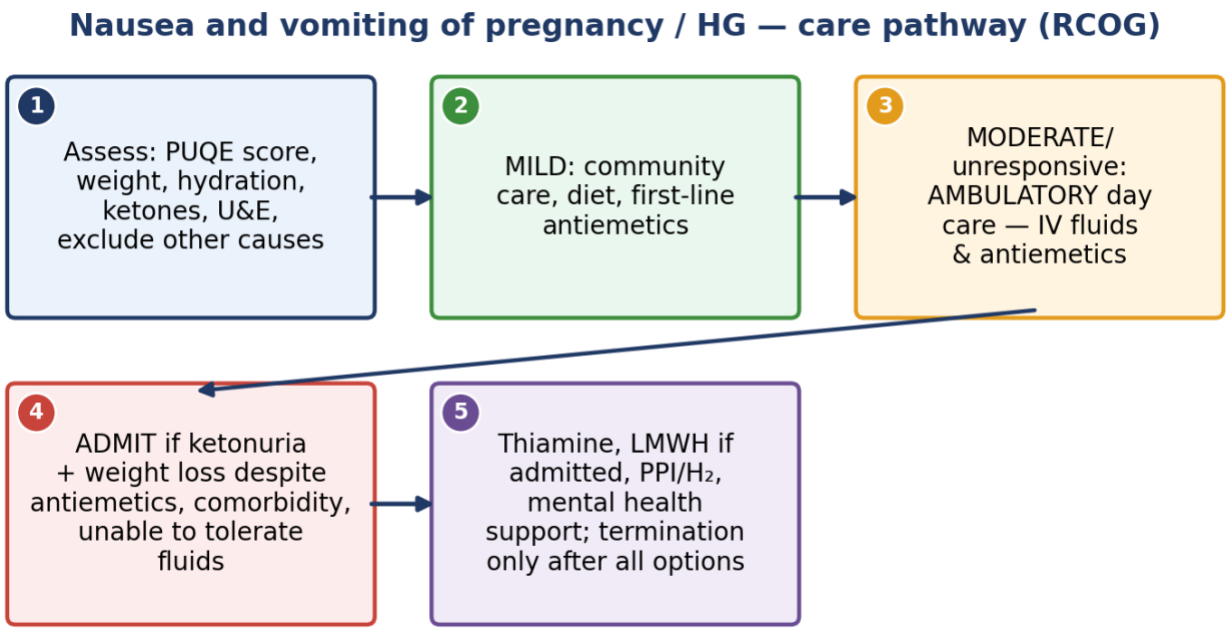


Figure 461.1 — Care pathway

461.3 Management

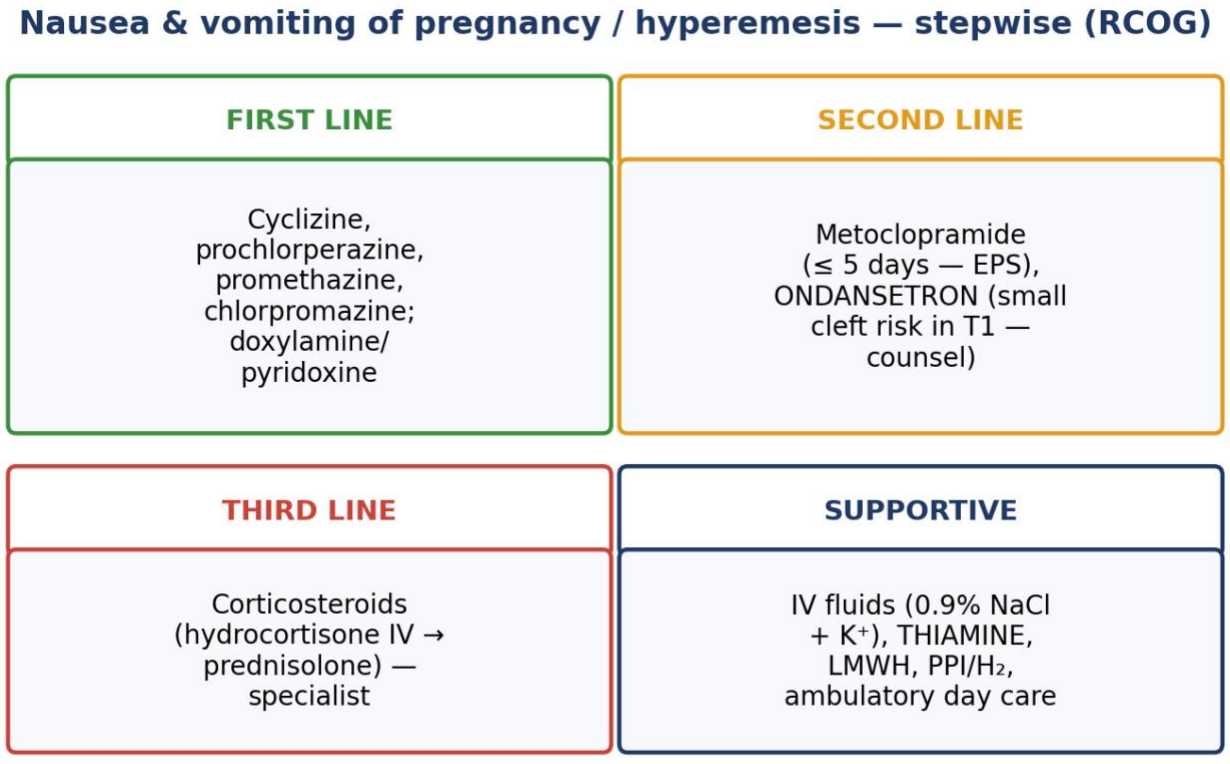


Figure 461.2 — Stepwise antiemetic treatment

Element	Details
Antiemetics	• First line: cyclizine, prochlorperazine, promethazine, chlorpromazine, doxylamine/pyridoxine • Second line: metoclopramide (≤ 5 days — extrapyramidal effects), ondansetron (small ↑ orofacial cleft risk in 1st trimester — counsel, ≈ 3 extra per 10,000) • Third line: corticosteroids (hydrocortisone IV → oral prednisolone) under specialist care

Element	Details
Fluids	• 0.9% sodium chloride with potassium chloride, guided by U&E • Avoid dextrose until thiamine given (Wernicke's)
Thiamine	Oral thiamine (or IV Pabrinex) if prolonged vomiting
VTE	LMWH thromboprophylaxis when admitted (unless contraindicated)
Other	• PPI/H_2 antagonist for reflux • Stop iron if worsening nausea • Enteral/parenteral nutrition in refractory cases
Psychological	• Screen for depression/anxiety • HG support charities • Termination should only be considered after all treatment options offered

■ RED FLAGS

Complications: dehydration/AKI, hyponatraemia/hypokalaemia, Wernicke's encephalopathy, Mallory–Weiss tear, VTE, malnutrition, psychological morbidity, recurrence in future pregnancies (plan early antiemetics).

■ COMMON PITFALLS

Giving dextrose-containing fluids before thiamine.

Rapid correction of hyponatraemia (central pontine myelinolysis).

Treating 'hyperthyroidism' with antithyroid drugs — gestational thyrotoxicosis resolves.

461.4 Must-know summary

■ EXAM TIP

- NVP before 16 weeks; HG = weight loss ≥ 5%, dehydration, electrolyte imbalance.
- PUQE to grade severity; exclude other causes; USS (multiple/molar).
- Antiemetics stepwise; IV 0.9% saline + KCl; thiamine; LMWH if admitted; ambulatory care where possible.
- Ondansetron: small cleft risk — counsel; steroids third line.

■ MNEMONIC / MEMORY AID

HG admission bundle — 'Fluids, Feeds (thiamine), Fragmin (LMWH), Fight nausea, Feelings (mental health)'.