



**PE1454/E**

Stuart Todd  
PUBLIC PETITIONS COMMITTEE  
Scottish parliament  
Edinburgh  
EH99 1SP

April 9, 2013

Dear Stuart

**Response from NCT to Scottish Parliament Public Petitions Committee  
Consideration of Petition PE1454 re Hyperemesis Specialist Nurses**

Thank you for your communication of January 31 and I apologise for the delay in responding.

NCT is the largest charity for parents in the UK and we inform, support and represent the views of those in the 'First 1,000 Days' from the beginning of pregnancy to when a child is around two.

I have read the documents that you kindly sent, and have also looked at some of the other responses. In addition, I have reviewed the information that we offer to expectant parents who are experiencing nausea, vomiting or hyperemesis gravidarum during a woman's pregnancy. We have also identified some comments from individuals who have suffered from serious vomiting.

Among the issues arising are:

- Anxiety about the welfare of the unborn baby
- Anxiety about taking any anti-emetic drug owing to well-documented past history of teratogenic effects of such drugs
- Inability to continue with everyday work or social life, which (apart from obvious disadvantages) means having to reveal the pregnancy before this may have been wished
- Lack of specific knowledge among health professionals about possible treatments and their safety
- Lack of practical help or services, e.g. the unavailability in shops or NHS facilities of 'sick-bags' such as are in use on aircraft and seagoing vessels.

Via our website, we offer information to parents as follows:



‘Around 1% [of parents] suffer from the more severe hyperemesis gravidarum, which is persistent vomiting, so that hospitalisation is generally necessary for intravenous fluids. A variety of strategies can help different women to ease the symptoms of the more typical nausea and vomiting when pregnant. These include avoiding possible trigger smells such as smoke, and avoiding fatty foods. Although there is limited evidence, the use of ginger, vitamin B6 and acupuncture have also been found to be effective for some women, though it’s always worth checking with your midwife or doctor first. The traditional remedy of eating dry foods such as toast is unlikely to do any harm.’

### **Specialist nurse support and national guidelines for health boards**

Evidence-based national guidelines for health boards appear to be something that should certainly be in place. While there is no one clear agreed course of successful and risk-free treatment, there are medical approaches that are likely to help (and avoid hospital admission) and also possible coping strategies for women with considerable reported effectiveness. The Pregnancy Sickness Support group <http://www.pregnancysicknesssupport.org.uk/> summarises some of these on its website and suggests that some health professionals remain not fully up to date with their knowledge of current research findings. Training for all midwives and obstetricians should ensure that consistent and accurate advice is given.

The petitioner is also seeking specialist nurse posts in hospitals. While these roles would be an excellent move, it is likely to be a far more expensive development and in all probability prohibitive in the near future. It may be more practical in the short term to have one or two national centres where nurses, midwives and/or medical specialists are available for consultation via telephone, email or – preferably – video-conference facilities so that they can assess the patient directly.

We note from Dr Marjory MacLean’s response that Early Pregnancy Units in Scotland are not equipped or expected to care for women with hyperemesis. This seems unfortunate, but if the prime intention of these units is to care for women experiencing threatened miscarriage then they may not be the best place to address other conditions.

Dr Maclean also said: ‘I [have] 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’. Such a network is a promising idea and we strongly urge that a movement towards this being established is supported.

### **Continuity of care**

NCT has always urged a maximum of continuity of care for women during pregnancy and birth, especially for any woman experiencing a worrying complication such as hyperemesis. Women who have had the opportunity to form a trusting relationship with a midwife are more likely to listen to and adhere to her advice and suggestions. Continuity of care also avoids the frustration caused by receiving conflicting advice from different health professionals.



Finally, we thank you again for the opportunity to contribute and hope that the comments above are helpful.

With best regards

Elizabeth Duff  
Senior Policy Adviser  
NCT