

Background/Aims

Hyperemesis gravidarum (HG) affects between 0.3-3.6% of the pregnant population and is associated with multiple fetal and maternal complications. The emotional and psychosocial burden on patients and their families can be profound and may persist beyond pregnancy. This study aims to further explore the experience and perception of management of those self-reporting a diagnosis of HG.

Methods

This mixed methods cross-sectional study utilised a fourteen-item anonymous online questionnaire exploring the experiences of those self-reporting a diagnosis of HG during pregnancy. The questionnaire was piloted by a patient advisory panel with feedback incorporated. The form was circulated to members of the Pregnancy Sickness Support (PSS) charity via email and posted on PSS support forums and social media platforms between 22nd March and 15th April 2019.

Quantitative data incorporating geographical locations, current pregnancy status, sickness severity, impact on functional status, treatment regimen, and patient satisfaction with care were collected. Additionally, participants were asked to report suicidal ideation during pregnancy and whether they considered having a termination of pregnancy due to HG. Statistical analysis was undertaken using SPSS version 25 for Windows.

Comments captured in a free text box were analysed using an inductive thematic approach using qualitative data processing with NVivo for Mac version 12. The data were coded, categorised and reviewed for emergent themes.

Results

5071 participants completed the questionnaire. 4303/5071 (84.9%) reported taking medications for HG. 2790/5071 (55.0%) were admitted to hospital for rehydration therapy while 862/5071 (17%) had outpatient rehydration therapy. 3432/5071 (67.7%) reported being bedridden.

249/5071 (4.9%) reported terminating their pregnancy as a result of HG. Rate of termination of pregnancy was significantly higher in those who were bedridden secondary to HG versus those that were not (6.5% versus 1.6%, $p < 0.001$). There was also a significant association between termination and dissatisfaction with the support provided by their general practitioner (GP) ($p < 0.001$) and hospital ($p < 0.001$).

1595/5071 (31.5%) reported suicidal ideation during pregnancy. 1314/3432 (38.3%) participants who were bedridden reported suicidal ideation, versus 281/1639 (17.1%) who were not bedridden ($p < 0.001$). Significant associations between suicidal ideation and dissatisfaction with the support provided by GPs ($p < 0.001$) and hospitals ($p < 0.001$) were also demonstrated.

2500 free text box comments were stratified into 65 codes, and subsequently grouped into 19 categories. Seven overarching themes emerged; personal and family history, physical and mental outcomes, social outcomes, overall management, public awareness, pregnancy experience and effects on future family planning (Table 1).

Conclusion

HG exerts a significant burden on physical and mental health with a number of sufferers reporting suicidal ideation and the desire to terminate their pregnancy as a result of HG. In order to provide appropriate support and reduce the impact of this condition urgent attention must be paid to improving the care provided in both primary and secondary care for these patients and their families. The use of qualitative analysis has given valuable insight into patients' perspectives and highlights a need to support both physical and mental health. Education within the healthcare professional body, lay community and patient workplace is also required.

Word Count: 498