

Women suffering severe pregnancy sickness are not getting required support, new research shows

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Credit: University of Plymouth

New research suggests that more than half of women suffering with severe pregnancy sickness – Hyperemesis Gravidarum (HG) – are not given the help they need to deal with the condition; leaving some with no choice but to terminate wanted pregnancies.

The study was carried out by Caitlin Dean, PhD student in the School of Health Professions, alongside charities Pregnancy Sickness Support (PSS) and the British Pregnancy Advisory Service (BPAS).

The researchers surveyed the experiences of 394 women, finding that only 34 per cent of participants felt they were given accurate information to make informed decisions about medications and treatment.

Many women reported being given false information about the risks of drugs such as Ondansetron, a treatment listed in the Royal

Collage of Obstetrician and Gynaecologists Greentop guidelines as safe and effective for treating hyperemesis.

One study participant told of her experience:

"I was told [Ondansetron] was the strongest drug which isn't true and made to believe when it didn't work that thing else could be done. I terminated my baby because of this and now spiralled into depression."

Half of women found accessing treatment was difficult because they were often not believed when presenting to their doctor or midwife, and 25 per cent of women felt they were not treated with dignity and respect.

The research compared women's experiences of treatment in hospital wards and HG units – specialist centres within early <u>pregnancy</u> units and gynaecology wards where women can attend for rapid IV rehydration and return home the same day.

Women were significantly more satisfied with treatment in day units and spend half as much time in hospital, representing a significant cost saving for the NHS.

Where care was good the impact was substantial, with women thanking their <u>healthcare professionals</u> for enabling them to continue their pregnancy. One study participant praised the care she received:

"The last time I was treated there I had opted to terminate the pregnancy as I just couldn't cope. This time I felt supported every moment... I was given clear treatment options but without false promises, and I was also told that I can go back in whenever I want. I was told 'you know your body best, if you feel ill we'll treat you'...They did a really

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good job."

Lead researcher Caitlin, who is also chairperson of Pregnancy Sickness Support, said:

"It is vital that service development benefits patients and provides satisfaction. It is encouraging that women are satisfied with treatment in HG Day Units as they are certainly cost effective. However it is important that in whatever setting women receive treatment they are treated with dignity and respect, that their symptoms are acknowledged and believed and that the information they receive is accurate and evidence-based. We may not have a cure for HG yet but we can certainly improve care and treatment through new services, education and awareness."

Clare Murphy, Director of External Affairs at the British Pregnancy Advisory Service, said:

"Any women with this condition who knows she cannot continue her pregnancy must always have swift access to high quality, compassionate abortion care, and deciding to end a pregnancy is something she should never feel ashamed of. However we can and must do more to ensure that women are given all the information they need to make their own decisions about the medication and treatments which may enable them to continue a much wanted pregnancy. Healthcare professionals must trust women – if a woman says she is ill and unable to cope – she should be believed and supported, not dismissed.

The full study, titled 'Satisfaction for treatment of hyperemesis gravidarum in day care' settings compared to hospital admissions, is available to view in midwifery journal MIDIRS Midwifery Digest.

More information: <u>www.midirs.org/satisfaction-tr</u> ... <u>y-settings-hospital/</u>

Provided by University of Plymouth

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