

Treatment Ladder for Hyperemesis Gravidarum

Steroid therapy. Either Prednisolone oral 10mg 3 X per day increasing to 15mg 3 X per day and 20mg 3 X per day until vomiting is controlled OR Hydrocortisone IV 50mg 3 X per day increasing to 75mg 3 X per day and 100mg 3 X per day until vomiting is controlled. Switch to oral prednisolone once oral fluids are tolerated.

Ondansetron 4-8mg oral, IM or by slow IV infusion 2-3 X per day up to 16mg per day †see below for further comment

Domperidone 10mg oral 3 X a day or 30-60mg rectal 3 X a day OR Metoclopramide 10mg oral, IM or IV 3 X a day (although not suitable for long term use)

Cyclizine 50mg oral, IM or IV, 3 X a day OR Promethazine 25mg oral 4 X a day (Authors addition – in conjunction with Vitamin B6 (Pyridoxine) 10-20mg oral 4 X a day). *For further alternative options for first line treatments see below.

*Further first-line alternatives include

- Prochlorperazine 5-10 mg 3-4 x a day, oral or 12.5 mg 3 x a day, IM or IV or 25 mg rectal once a day.
- Chlorpromazine 10-25 mg 4-6 hourly oral, IM, or IV or 50-100 mg 3-4 x a day rectal.
- Doxylamine 10 mg plus pyridoxine 10 mg up to 8 tablets per day.

† Although many women find ondansetron very effective and recent studies have increased confidence in its safety, the authors come into contact with many women who find the constipation side effect of ondansetron almost as unbearable as the symptoms it is controlling. Bowel management must therefore be addressed when prescribing this, and laxatives should be prescribed where necessary. The severity of constipation should not be underestimated, and it should not be assumed it is due to pregnancy and dehydration when a woman is on ondansetron