No5 COMMUNITY AND SECONDARY CARE PATHWAY FOR DIARRHOEA AND VOMITING IN PREGNANCY (including hyperemesis) - 14.07.2022 V4

Ongoing history with compromise
Advise fluids
Refer to GP

If clinically stable and no concerns offer antiemetic
Antiemetics safe for community use:
1st line Promethazine
- 2nd line Cyclizine
- 3rd line Metoclopramide

GP to refer for hospital review if any fetal concerns and consider Isolation on admission (as per local infection prevention policy) following discussion with obstetric team
Advise PO fluids as tolerated

If known outbreak of infection- follow PHE advice

Hospital Review

- Assess whether systematically unwell / dehydrated, send stool sample
- Abdominal exam: tenderness / uterine irritability
- Fetal wellbeing: Auscultate <26 weeks, CTG > 26 weeks
- Admit only if moderate or severely dehydrated (for IV fluids VBG for monitoring of potassium and monitoring of fluid balance) or mild dehydration but unable manage at home
- Anti-emetics (order may change as per Trust guidance)
  - 1st line Promethazine
  - 2nd line Cyclizine
  - 3rd line Metoclopramide

References NHS choices (Diarrhoea and vomiting - NHS (www.nhs.uk)
This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.