

## Appendices

### Appendix 1: Pregnancy Unique Quantification of Emesis (PUQE) index<sup>3</sup>

Reproduced from: Royal College of Obstetricians and Gynaecologists Guideline 69 *The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum* June 2016, with permission

#### PUQE score 3–12 *and* no complications:

- Antiemetics in community
- Lifestyle and dietary changes

#### PUQE score of 13 or above *and* no complications *and* not refractory to antiemetics:

- Ambulatory daycare management until no ketonuria

#### Any PUQE score with complications or unsuccessful ambulatory daycare management:

- Inpatient management

Total score is sum of replies to each of the three questions. PUQE-24 score: Mild ≤ 6; Moderate = 7–12; Severe = 13–15.

Motherisk PUQE-24 scoring system					
In the last 24 hours, for how long have you felt nauseated or sick to your stomach?	Not at all (1)	1 hour or less (2)	2–3 hours (3)	4–6 hours (4)	More than 6 hours (5)
In the last 24 hours have you vomited or thrown up?	7 or more times (5)	5–6 times (4)	3–4 times (3)	1–2 times (2)	I did not throw up (1)
In the last 24 hours how many times have you had retching or dry heaves without bringing anything up?	No time (1)	1–2 times (2)	3–4 times (3)	5–6 times (4)	7 or more times (5)

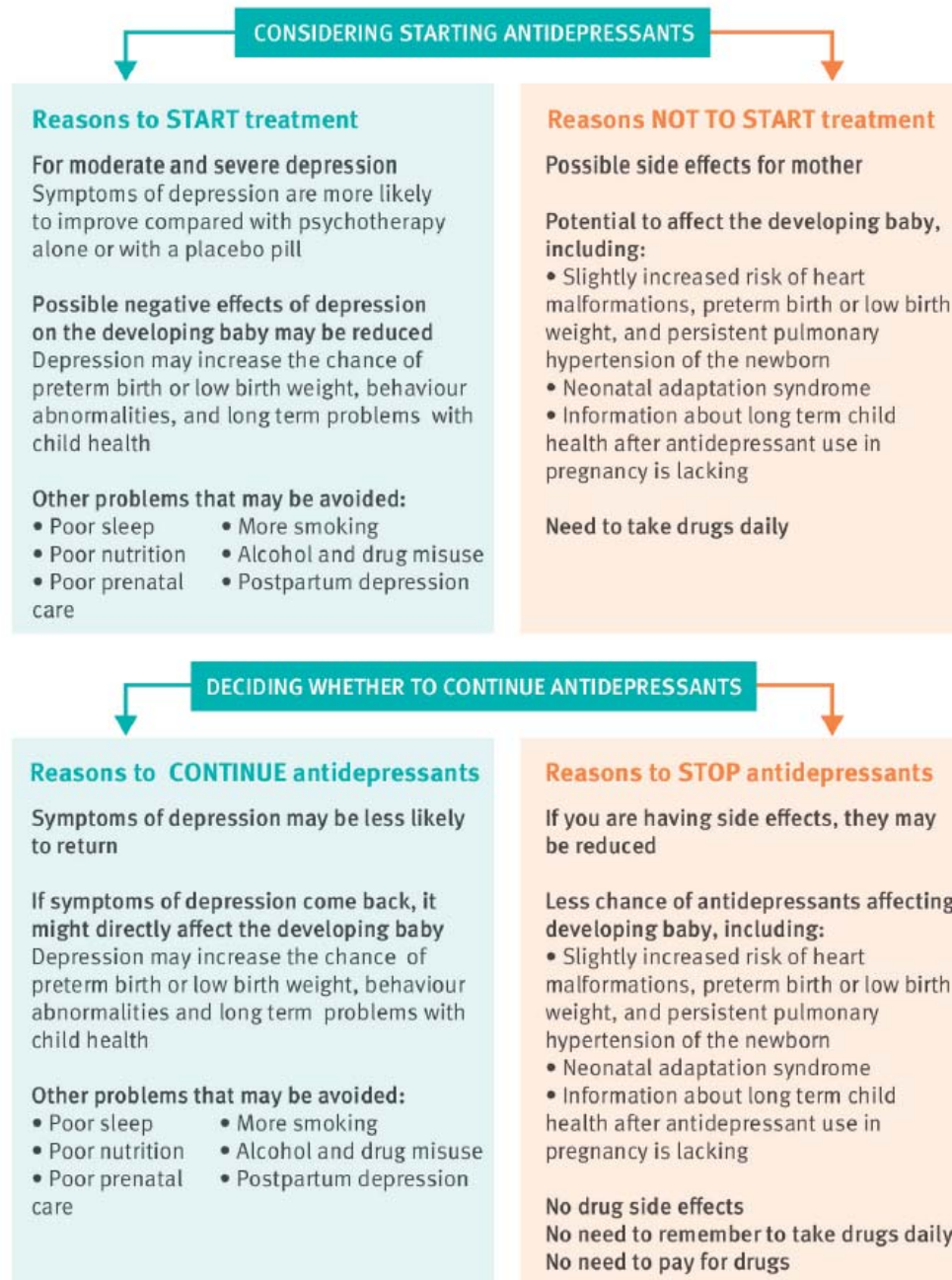
PUQE-24 score: Mild ≤ 6; Moderate = 7–12; Severe = 13–15.

How many hours have you slept out of 24 hours? \_\_\_\_\_ Why? \_\_\_\_\_

On a scale of 0 to 10, how would you rate your wellbeing? \_\_\_\_\_  
*0 (worst possible) → 10 (the best you felt before pregnancy)*

Can you tell me what causes you to feel that way? \_\_\_\_\_

## Appendix 2: Approach to discussing use of antidepressants in pregnancy<sup>9</sup>



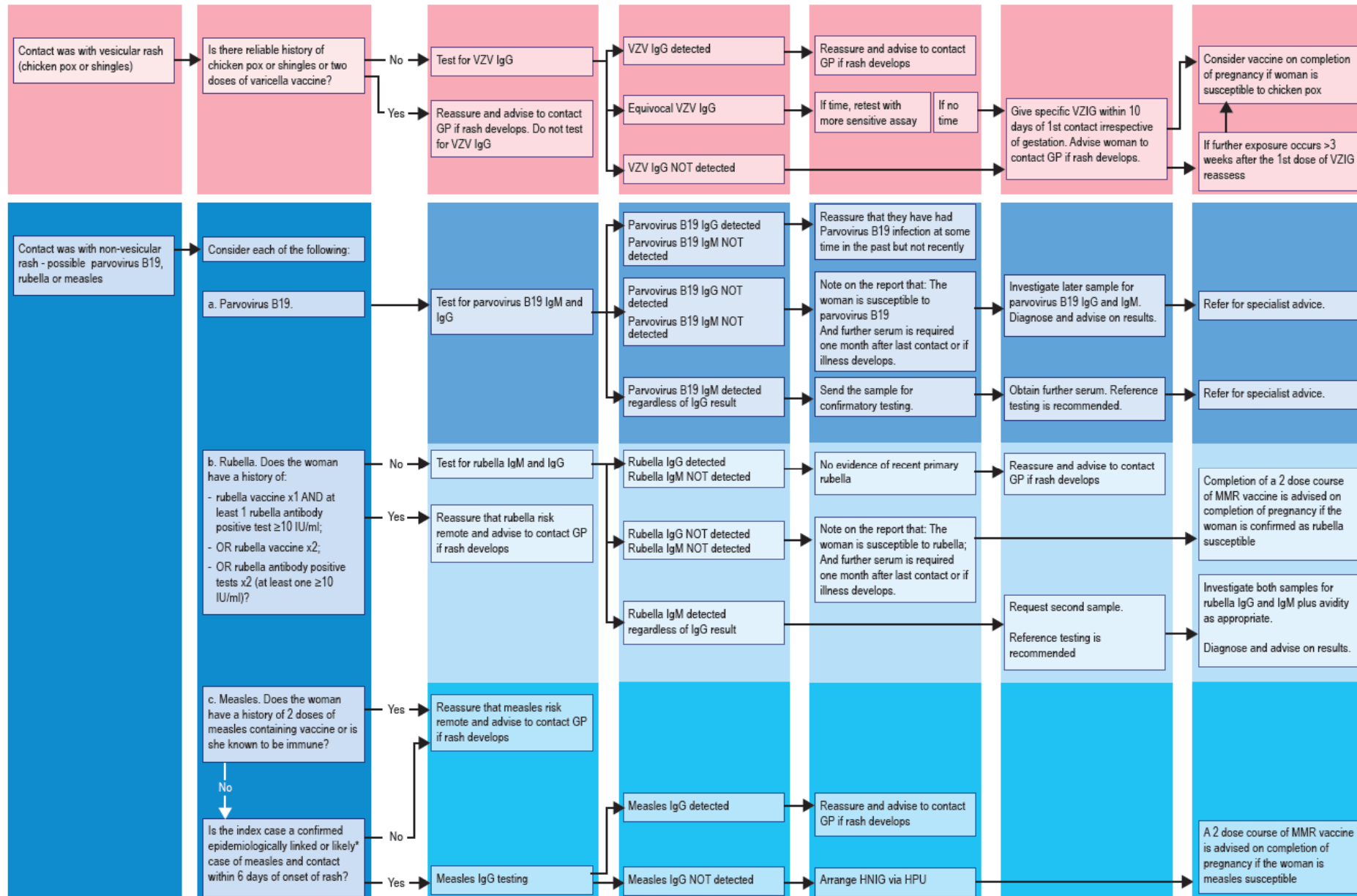
### Useful websites for prescribing in pregnancy and lactation:-

[Bumps - information in pregnancy](#)

[UK Drugs in Lactation Advisory Service UKDILAS](#)

[UK Teratology Information Service- Information on drugs and pregnancy](#)

## Appendix 3: Algorithm for follow up of women exposed to rash in pregnancy<sup>27</sup>



\* Contact the local HPU to establish the likelihood of measles in the index case.

#### **Appendix 4: Red flag features of headache<sup>34</sup>**

- new onset or change in headache in patients who are aged over 50
- thunderclap: rapid time to peak headache intensity (seconds to 5 mins)
- focal neurological symptoms (e.g. limb weakness, aura <5 min or >1 hr)
- non-focal neurological symptoms (e.g. cognitive disturbance)
- change in headache frequency, characteristics or associated symptoms
- abnormal neurological examination
- headache that changes with posture
- headache wakening the patient up (NB migraine is the most frequent cause of morning headache)
- headache precipitated by physical exertion or Valsalva manoeuvre (e.g. coughing, laughing, straining)
- patients with risk factors for cerebral venous sinus thrombosis
- jaw claudication or visual disturbance
- neck stiffness
- fever
- new onset headache in a patient with a history of HIV
- new onset headache in a patient with a history of cancer