Appendices

Appendix 1: Pregnancy Unique Quantification of Emesis (PUQE) index³

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?					
Can you tell me what causes you to feel that w	vay?				

Appendix 2: Approach to discussing use of antidepressants in pregnancy⁹

CONSIDERING STARTING ANTIDEPRESSANTS Reasons to START treatment

For moderate and severe depression Symptoms of depression are more likely to improve compared with psychotherapy alone or with a placebo pill

Possible negative effects of depression on the developing baby may be reduced Depression may increase the chance of preterm birth or low birth weight, behaviour abnormalities, and long term problems with child health

Other problems that may be avoided:

- · Poor sleep
- · More smoking
- Poor nutrition
- · Alcohol and drug misuse
- Poor prenatal care
- · Postpartum depression

Reasons NOT TO START treatment

Possible side effects for mother

Potential to affect the developing baby, including:

- · Slightly increased risk of heart malformations, preterm birth or low birth weight, and persistent pulmonary hypertension of the newborn
- Neonatal adaptation syndrome
- · Information about long term child health after antidepressant use in pregnancy is lacking

Need to take drugs daily

DECIDING WHETHER TO CONTINUE ANTIDEPRESSANTS

Reasons to CONTINUE antidepressants

Symptoms of depression may be less likely to return

If symptoms of depression come back, it might directly affect the developing baby Depression may increase the chance of preterm birth or low birth weight, behaviour abnormalities and long term problems with child health

Other problems that may be avoided:

- Poor sleep
- · More smoking
- Poor nutrition
 Alcohol and drug misuse
- Poor prenatal care
- Postpartum depression

Reasons to STOP antidepressants

If you are having side effects, they may be reduced

Less chance of antidepressants affecting developing baby, including:

- · Slightly increased risk of heart malformations, preterm birth or low birth weight, and persistent pulmonary hypertension of the newborn
- · Neonatal adaptation syndrome
- · Information about long term child health after antidepressant use in pregnancy is lacking

No drug side effects No need to remember to take drugs daily No need to pay for drugs

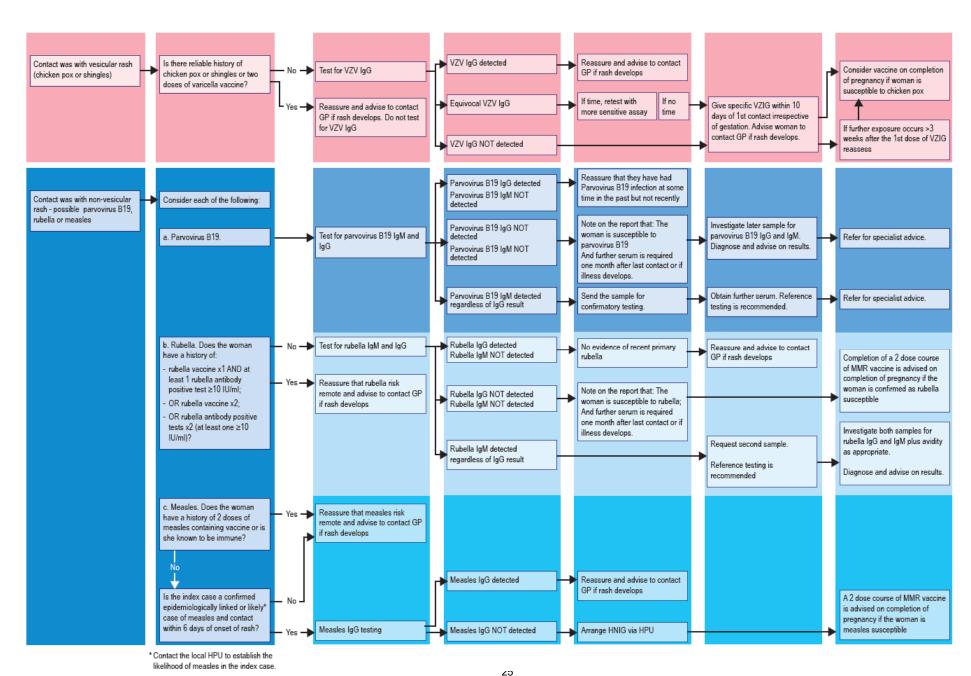
Useful websites for prescribing in pregnancy and lactation:-

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 pregnancy²⁷



Appendix 4: Red flag features of headache³⁴

- 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