	Question rank after first													
	prioritisation	Question code	Uncertainty	Answered?	No of refs identified from search strategy	Evidence	Total submissions	patients	нсра	Carers	Offspring	One reps	Unknown	Sample of submitted cuestions
			What source homographic sound to up 2	Ma.		Water ages with an except in second ways. We definite a second or 18 and				20				medical studies is have been conducted to find the cause / cure for HG? Why do we get hg? What is the pathophysiology behind hyperemesis gravidarum? Why do some women get HG and others don't? Why does
			Wiles seques irpporting as grands unit			Manager's March Business - Malaysia & Service & etc. 200-217, contrample and our from	24			10				
						2010 identifies a few risk factors; Low pre-pregnancy weight, Helicobacter pylori								Are there any ways to predict who will develop HG? As they learn more about HG, to learn if women could be
	,,	,	What are the risk factors for developing HG and can we predict who will develop in?	No	85	a female fetus but calls for further research with better definition of maternal		,	7	21	,			genetic testing to identify women as risk and offer preventative meds earlier? And will this lessen the severity? Is there are way of modifying if you will suffer from this?
														What is the commerce one 2 Will talefaitely have MY series in father accounts in 2 Peac Management and
			What is the risk that HG will reoccur in a subsequent pregnancy? Does HG get											worse with each pregnancy? What are the chances that you get HG with the following pregnancy/pregnancies? If you have HG, how likely are you to get it a second time? What are the chances of getting HG again after
	,	3	progressively worse with subsequent pregnancies and what are the risk factors for reoccurance?	No	8	5 papers vary from 15-81%, meta analysis not possible.	21	2 19	1	16	10			suffering with it during my first pregnancy? Is HG more severe dependant on partner? Are you likely to get HG
						Niemeijer, M. N.; Grooten, I. J.; Vos, N.; Bais, J. M.; van der Post, J. A.; Mol, B. W.;								
						Roseboom, T. J.; Leeflang, M. M.; Painter, R. C.; 2014 Diagnostic markers for hyperemesis gravidarum: a systematic review and metaanalysis American Journal of								What anthropometric measures and nutritional markers are most useful in assessing and moretoring hyperemesis management? (??weight, mid upper arm circumference, transferrin, armylase etc?????) What
			What clinical measurements and markers are most useful in assessing.			Obstetrics & Gynecology - Volume 211, Issue 2, pp. 150x1-150.15: Systematic review concludes no support for the use of ketonuria in the diagnosis of HG. H pylori								clinical indicators determine the threshold for hospital admission in women with HGF What diagnostic criteria/guidelines would provide the best treatment/outcomes? i.e. instead of waiting for significant weight
	46	4	diamoline, managine and moretorine hyperements/	No	40	serology might be useful in specific patients.	1	1	7	2	0	·		lions and detectration or "paralizine" proactive care that reduces these indicators Self-monitoring union to begin whose to good hole. In this a possibility? In those a way for the individual to colf.
			What objective measures can nevels used to know when to said further help or											monitor how bad things are getting to be able to be proactive? How do you know when you need to go to be proposed as what are the measures of debutration? I remember order to brokel and before their ways are not
	46	5	hosptial admission?	No		3 None		2	6	1	0	1		D dehydrated enough for treatment following that I was reluctant to go to hospital
In the standard control of the														to different anti-emetics in HG? Why do some HG sufferers have relief of symptoms afte 3/4 months and some
	35	6	Can we predict the serverity and duration for individual patients and which treatments they will respond to?	No	,	2 Some original studies identified but no systematic review or conclusive evidence	1		7	5	0			are sick each day until the day they give birth? Can we predict how long HG will last? Is there any way of 0 predicting which medications are most effective for whom?
						increased ratio of female to male fetus in HG pregnancies. (OR 1.27; 95% CI								
						Boseboom 2011 Consequences of hyperemesis providenum for officings a								What are the chances my HG will be worse with a girl pregnancy than with a boy? Does the sex of the baby [boy/girl] make a difference in the extent of complaints of HG? Is there A difference in HG Between women
		,	Does the sex of the foetus affect occurance and/or severify of HG?	Yes		systematic review and meta-analysis. BIOS 18(11) Ketoanalysis does not corriate with severity of HG and should therefore not be used	2	1	9	2	1	1		1 who are Carrying gets vs. boys?
						management of HG. Niemeijer, M. N.; Grooten, I. J.; Vos, N.; Bais, J. M.; van der								
						American Journal of Obstetrics & Gynecology - Volume 211, Issue 2, pp. 150.e1-								Why do we rely on ketones to test dehydration? Can treatments be provided before you have ketones in urine instead of after? Will begin lake realize they do not have to look at before to discernize dehydration in a he
Service of the control of the contro	25		Does Ketoanalysis have a role in the diagnosis and management of HG?	Yes and no	,	diagnosis of HG. Gudielines conflict but based on "good practice point/clinical 5 experience"	2	1	8	3	1			patient? Why is ketosis the measure for dehydration? Can I still be dehydrated without having letones in my
A CONTRACT OF THE CONTRACT OF														are used in a contract and the state of the first and the state of the
And the second second control and the second														hyperemesis earlier in pregnancy? What are the criteria of HG? How can Health Care Professional assess and diagnose HG earlier? How can HG be quickly diagnosed (and not dismissed as simply morning sickness)? My
	18			No	1	Guidelines sive level D evidence	5	6 5	1	3	0			mother had it and was left to cope what is bad enough to get a disgnosis? How do I get diagnosed rather than 4 told it's normal?
See a second of the control of the c														Whats the connection with HG en pregnancy diabetes? Could HG be related to any other sickness or disorder
See a second of the control of the c														in my future, just as gestational diabetes is related with the chances of developing diabetes type 2 after pregancies? Are thyroid issues related to first having MG? Induction and C section rate amongst HG? Is there a
			Is having HG a risk factor for requiring induction/c-section, miscarriage, other			Multiple case-control and cohort studies identified. An SR may be able to answer								link between hig and gestational diabetos? Is HG linked to 1gail bladder dystunction? Zgestational diabetos 3 skaggish digestion 4 thyroid levels? Has there been any link between HG sufferers and delivery type? I.e. an
Service of the control of the contro	- 2	10	conditions/compitations or pregnancy, or particular dirth dutcomes?	NO	**	ens.	,	-	,	-	1			
The state of the s														mother and grandmother had it? Can anything specific mitigate the possibility of children experiencing
The state of the s	15		Does HG run in families? What is the level of risk of experiencing HG for a person with a family history of HG?	No	,	P. Multiple studies identified. An SII may be able to answer this	2			6				pregnancy what is the likelihood of a close relative suffering from the condition as well? E.g. sister or daughter. Recurrent had benegemick what are the chances of my favoliner having this?
		-												What is the effect of rest/biredness on vomiting during pregnancy? Are there any triggers which can worsen
			How do factors such as diet, nutrition, stress, tiredness and rest affect symptoms											hyperemesis? Are there and factors that aggravate MS? What factors (biological ans psychological) exacerbate MS? And how can these be managed during MS? Some foods increase phlegm/mucus and some foods increase
	26	12	and coping? What can exacerbate symptoms and how can we manage those factors?	No	1	3 studies identified, each on different topics.	3	1 2	6	4	3	:		throwing up. is there a relation? Does fatigue/tiredness/ workload affect the nausea and vomiting exerienced? 2 Do certain foodsubstances have more influence on HG?
A plant and an internal contract and contract and contract and an internal contract and an inter														Is there anything the patient could have done/can do different to prevent it? What can be done to help prevent
In the part of the			Is HC requestable? What is the effect of necessarias treatment or early											duration - do certain treatments or early intervention affect duration or is it determined by the underlying
Service design and the control of th		13	Intervention on the severity and duration of HG in a subsequent greenancy?	No	1	One study which does not sufficiently answer the question	16	15	2	22	5 1			1 start takine medication early on in premancy will this lessen symptom severity overall?
And the Primate Annihological Conference and						Some aspects answered such as prevalence, but other aspects such as onset,								Numbers of how often HG occurs, are there any differences in different countries / parts of the world? Are
And the Primate Annihological Conference and						duration, symptoms and peaks not answered. Pevalance SR and meta analysis concluded: The prevalence of HG was 1.1% (CI95%:0.8%-1.3%), with a range of 0.3%								there differences in the rate of HG across ethnic groups? How long is this likely to last? What is the chance of HG easing and then returning? While suffering from HG I tend to be spitting every few seconds, can't swallow
A the first from teams. The second of the control						 Almost 70% of women worldwide experience NVP, but reported rates vary widely. HG, the most severe form, affects 1.1%. Ref: Einarson TR, Plwko C, Koren G. 								any of my salva (spit cup necessary) any research on how long this spitting last's for? What kind of statistics are there regarding Hg? (Recurrence, who gets it, how long it will last) Are there certain weeks when
A company of the property of the company of the com			What are the disease characteritics of HG? (Prevalence, onset, duration,	Mar (and user)		Journal of population therapeutics and clinical pharmacology = Journal de la								pregnancy? At what week does HG usually improve a bit? How common is it to have HG the whole pregnancy?
Accordance and continuous continuous department of the continuous and continuous														is there an effective treatment for nevalism? Is there anything to review the exposs saline that comes hand in
Accordance and continuous continuous department of the continuous and continuous														hand with HG?One of the most distressing symptoms of HG for many women is the heightened sense of smell. Is there a medical way to target that symptom in particular?The sickness and nausea is obviously a big part of
And the contract of the contra														MG. But how do we treat the less talked about effects including extreme tiredness, no energy, headaches, dizziness, breathlessness, confusion, being unable to stand/endure movement or motion/listen to
And the contract of the contra														conversations/music without feeling like you are going to be sick or faint? How can the other symptoms be reduced (i.e. smell sensitivity, excessive saliva, extreme fatigue, recurring UTIs). Is there a way to control the
And the contract of the contra			How can symptoms of HG, other than vomiting, be effectively treated? For	No.		Some prevalance studies on physicism (excessive salivation) identified. No discussion of other prevalence in a delicine.]				extreme sensionity to smell, which causes so much agony? Is there anything that can be done to dull the extremely heightened sense of smell that a lot of HG putients suffer with? As I honestly think it would have helded with the constitute of the constitute have a lot on the constitute of the cons
inspiriting we not intervience. In Blanck Extends of security to the lead to diagree of a branch representation of the control control of the security of the lead to diagree of a branch representation of the control of the security of the lead to diagree of a branch representation of the control of the security of the lead to diagree of a branch representation of the control of the security of the lead to diagree of a branch representation of the control of the security of the lead to diagree of a branch representation of the control of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree of a branch representation of the security of the lead to diagree	22	15	THE STATE OF THE S		,			,		1	1	,		ACCOUNTS AND ADMINISTRATION OF LABORABETA CHARLESON OF THE COMM.
Column distance of the corner medication and proteined of	1					supporting any one intervention. Ref: Boelig RC, Barton SJ, Saccone G, Kelly AJ, Edwards SJ, Bershella V, Interventions for treating hyperemesis gravidarum. The								
with an explainment of an inflation of the contract of the special						Cochrane database of systematic reviews. 2016;5:DOI: 10.1002/14651858.CD010607.pub2. HTA SR found: there is little on the								results for most women? What are all the options available to women who experience HG? My doctor was
2 St. Read-information and what are the variation and and many the following and produces are the variation and and minimal and an extra product and antiques are the same who have a following and antiques are the same who have a following and antiques are the same who have a following and antiques are the same who have a following and antiques are the same and antiques are the			What are relative efficacies of the current medications and treatment options			Bohson SC Bayer F. Moloney F. Boyant & et al. Treatments for hyperemasis								very dismissive. What are the recommended first, second and third line anti-emetic drugs in HG? When to switch over to the first line to second line, and so on? Which is the highest dose of Cariban? Best regime. Why
which table are part and profit only in particular special response to the control of the particular special response to the partic		16	available? What are the optimal dose, route, timing and combination of the medications and what are the related side effects?	No	58	gravidarum and nausea and vomiting in pregnancy: a systematic review and s economic assessment. Health Technol Assess. 2016;20(74):1-268	25	3 19	5	71	1			do doctors not readily prescribe combinations of anti-emetics when patient's symptoms appear unimproved 8 with one anti-emetic. For example cyclizine and metoclogramide?
As 1 September 2 Annual Process of the Computation														What's the best way to manage HG? What clinical support measure is most important to women who have
As 1 September 2 Annual Process of the Computation			How can we most effectively manage HG? What clinical support measure is most important to women who have had broardmasks and what did those find most											nutrition support, rehydration, psychological support. What are the best treatment methods for Hyperemisis (Pasidiann's What is the treatment personnendations) floridation multiples (and lately late
A comment of a count of the cou	24	17	beneficial? eg medical management, pharmaceutical review, nutrition support, rehydration, psychological support	No	19		4	4	7	6	3			psychological help) How can we use the medical intervention available to us to make this disease more bearable for mothers who suffer?
Case well detailed to produce the control of the co					**							,		to those a county Will those count has a counter this WY? It those and a counted only as modified only to expellent
1 department of the property o			Can we find a cure? What novel or new treatments are being											this reaction? By what treatment can HG be totally cured? This means de vomitting, the nausea, lack of feeling hungry, etc. Given the 2 genes (contributing to appetite and placenta) which were recently found to be
where a filtering received and season are setting with the special season and season are setting with the special season are setting with the setting with the special season are setting with the setti	17	18	developed/tested/used elsewhere which could have a curative effect and to address all the symptoms of HS rather than just the vomitine?	No	5	Some small and novel trials identified for gabapentin, clonidine, mitrazepam, marisana and other therapies.	6	5	2	2	3			this sickness or cure it in an earlier staze than 20 weeks plus or the entire premancy? Please try to find a cure!!
where a filtering received and season are setting with the special season and season are setting with the special season are setting with the setting with the special season are setting with the setti														How does the mental component of HS (desperation, exhaustion, feeling that "I can't do this for another eight
where a filtering received and season are setting with the special season and season are setting with the special season are setting with the setting with the special season are setting with the setti						Systematic review and meta-analysis have shown a significantly increased from								treatment? Can mental health support be provided at home for those who are unable to travel alone? How do we support women with HS before, during and after greatenin nonthiniarity? What mental health?
What is the effect of EC on mental baselines are approximate, responsance review and make analysis, Big. dispression processing and a second processi	1					of depression and anxiety in women with HG. Ref: Mitchell-Jones N, Gallos I, Farren J, Tobias A, Bottomley C, Bourne T. Psychological morbidity associated with								when suffering with HG? What support is available for the psychological repercussions of HG? Comparison
4 19 State can some access conclusionative reviews during a connection software extra social formation and mental health beam? 18th at the best measurement or treatment or goes access each formation and an extra beautiful to the social and back horse or other connections and an extra social formation and	1		What is the effect of HG on mental health during pregnancy? What is the effecy of psychotherapy on symptom management/pregnancy outcomes/quality of life?			hyperemesis gravidarum: a systematic review and meta-analysis. Bjog.								between conventional medical treatment and psychotherapy for hyperemesis gravidarum. What are the
	-	19	How can women access psychosupportive services durine presnancy?	Yes and No	28	SR may be possible but question is not currently answered.	18	17	2	20	2			by the the community midwife and mental health team?
plation prover the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and the condition be effectively managed in the community to prevent Source and th	1													de la contraction de la contra
The first transformation of the control for the control for the state of the control for the state of the control for the state of the			Now on the confidence of first laboratorial in the commercial											passers prevent tremservis getting into a situation where they need to be admitted to hospital by having regular IV drips, perhaps day appointments for this or community midwifes administer has as a method of
	33	20	langthy hospital admissions?	No	1	Some studies comparing ambulatory to inpatient care.	1	2	3	6	0			to suffer from post natal mental health issues?

	1				1		,	,	
25.	Do clinical treatment guidelines for HSI improve management and outcomes? And if is how can guidelines bu developed and implemented nationally (where non-exist) and internationally for hospital and community settings? What 2.1 should be included in subilisms?	No	Some walls of load guideline highlight is constant treatment. Effectiveness of Experience (EXCOL and EXCOL and Extens to here and here explained.	33	28	6	1		Would there be a benefit to developing a national best practice guidance for managing HCP can there be one HC protocol fer own healthcare product PMake is let of valuidate microticus slong with suite coages available to all medical professionals, as into other to entermetherizations plan varies interesh politicus, since a soliticus of information. It is possible to create a workshafe goale so doction treat everyfoot; the same. There is so a less that the contract of the contract and the contract of th
13	What are the barriers to accessing treatments/services and how can we reduce 23 them to improve access?	No	Flow small shutting law studen identifying barriors to according treatment.	95	36	1	3		What treatment is available, how effective is each treatment and how do I access it? When pather is to III to communicate how do I get her the best medication or know where its go for high Year can I installat the process for home care with my instances of homeodowed him his Pice used in access. If hydrocare at known is can we support middle/furning teams to access specialist mental health support for MS sufferers/families 1, when the Studgets are constanced by home car?
30	What self-management and coping strategies and treatments do people with HG 23 find most helpful?	No	0 None identified	20	17	2			What can make women with HG feel better? I tried many thing notificion , medication , many sleep but nothing 0 worked out, what worked out for the best for other woman ?
34	What percentage of people with HG are satisfied with the care and treatment they received? How can satisfaction be increased and how can healthcare 24 prefessionals but support people with HG?	No	g Nama stemsfeed	17	13	3 6	3		have can we help in clinic? White preservage of women are satisfied with the treatment they receive for 150.7 Have can quality of can be represent for women such 150.0 worst the midward and discuss helpful with 150 yets were sufficiently which support and insulation of options do somen striked in helpful given have a positive were sufficiently which support and insulation of options do some striked in helpful given have a positive and the sufficient of their companies of the sufficient of the sufficient of the sufficient of the sufficient of their companies of their companies of the sufficient of their companies of their companies of the sufficient of their companies of the
37	25 How can dehydration be prevented/manased without an IV drip?	No	5 Nove identified	13	10	2			What am I supposed to do when I can't keep liquid down to stay hydrated? Can the priority shift from treating dehydration to preventing dehydration. Froe disapproxi is getting towards dehydration for larger periods or more others for the successful exclusive of the state. And the focus?
	What healthcare services exist and how can they collaborate and be organised to better identify, treat and support women with Hd? For example, do services such as outposted relicisor of VI a thorus improve outcomes and reduce the control of the control of th		Some audits, case-control studies and RCs identify services such as Home Healthcare and copposites services in specific area of inhelabelar contrines. St of						How could the healthcare system be better equipped to identify and treat high which reproducible model of management (inputs refer day unit) via ability has the best not concern? From care consistent with hyperments specially direction in maturely investion improves a conditional for any and outcomes for woman Do you think there is better accept for community beatment of hyperments (and advantum is improve women's lifestifys and mental hashing Do women price from a formation or conjudence on the properments). What is the collegate of the mental hashing Do women price from or conjudence or con
10	26 physical/mental burden of the condition? What other services are available/could be developed to support families affected.	No	18 outpatient verse inpatient outcomes may be possible.	97	78	1 4	11		2 management in acute settings vs a community based model? Cam mental health support the provided at home for those who are untable to travel allow? It there any association of voluntees to help or support the expectant mother, hosband and or older siblings in everylary
14	27 by HG? And how can access be enabled to services which currently exist How long does it take people to recover from HG? What post-premancy is care.	No	2 Two sudies sussent counsiline and martial suscent may be helpful	78	70	2 6			0 life? E.e. pickins up medication for more, prepare food, takins care of kids
19	available (or could be developed) for people who have suffered HG during 28 pregnancy and what is it's impact on recovery? Do serrify secrialist healthcare renfessional releasing conditions such as HG.	No	Two studes (one survey, one case-control) looking at after effects and recovery 2 identified.	50	46	1 4	s	-	12 What difference can be mader readily available for waters who have had big during pregnancy? How does 3 poligorations can read the organized to before the recovery? Will there be special the physicians in the future? Can we look into a community madels specializing in hyperemix21 it would be not off them's a special for client cere team the specialized into XV doubt the be
47	Do specific specialist meathcare promisional roles for constroors such as no improve outcomes? How can such roles be developed for 29 midwives/nurses/doctors?	No	d None identified	7	6	2 6			
35	How does HG treatment/management very by country (and regions within 30 countries) and how do the variations effect outcomes?	No	Various types of services reported in studies and guidelines from around the world. Old research indifference cureation.	16	14	1			c) Progressment gradience in Europe ² Why is the model of treatment different in an other country? Here in the Nutherland; you can only get executive and consistence embeddings and for mack feet. Why is the treatment in the six at as definent as executive and consistence embeddings and other feet. See the Very like the invariance in the six at as definent as a series of the consistence of the very like the v
	What additional checks, tests and medical relevens should people with HG be		Various takes proposed highlighted in care propria and case control studies. Mo may						Doubly you be seen more by considered when prepared with 1927 You of hen should a doctor review the patient; condition and treatment "bitly don't women with Virig an more applied are reviewed appointment to the doct the healthy development of the forest in they are it self-apple are ordered any limit build not be morable for the self-apple and the self-apple and the self-apple and the self-apple and the self-apple and hyperments beyond it is writted for appearancy have pared women when self-apple from the morable of to make self-apple and passing bits from your own terms and of per morable, when to make self-apple and passing bits from your own terms and apple from the your terms and the per man apple apple and the period of the period of the period of the your terms and the period of th
44	31 offered during premancy?	No	17 be heltrful to address.	8	8	1 6			0 electrolyte levels checked? Why does the quality/consistency of care, in HG patients, differ so much between medical professionals? Why is
	Do negative stigmas, attitudes and beliefs surrounding HG affect the qualify/consistency of care provided on individual healthcare professional and institutional levels H Iso, what is the impact of such legists and how can they be		A number of studen stending that found persistant signification of HS among						the care so variable - in from over gip to the mont? Why, is it so difficult to access rought and effective tradements? Heaving to light for and emericac can implywheritom and being remarks like a hyberical and list by decisor and to the other and the list of the forward of lap. Why it is so difficult to access the right medication and traversent in come areas? However, one yet extraver surveys by your good that, and only both produced for a live sight? However is quite what if me liveling to be the produced and the limit of the liveling the lab of the l
8	32 addressed?	No	Nealthcare professionals in the LM. Qualitative SR may be possible	112 1	08	9 4	16		C treat the patient physically?
51	Now many people terminate their pregnancy due to MS symptoms, lack of access to restment or other related factors? What are their experiences and how can 33 they be supported?	s No	Some studies identifying rate of termination but no conclusive endersor. St may be 1, promise.	6	6	1	c	:	How others do women terminate wanted pregnancies bacause the hig is too difficult? How many terminations to an carried on because of lack of access to treatment for http:
	When is it appropriate to induce labour early and/or conduct elective c-section								Can I be induced at 36 weeks because of the sevenity of leg? if an unborn child can be delivered-healthy an early as 16 (7) weeks, why are decision so relaxing this methers of their symptoms who are still suffering near the control of the sevenity of the sevenity among the sevenity of the sevenity of the sevenity of the whole correspons on its invented names, and weeks, in decision Central section recommended that is, is, in
53	When is it appropriate to induce labour early and/or conduct elective c-section 34 due to third trimester HG? How can people with a history of, or significant risk factors for HG be supported to plan for a pregnancy and does such planning improve outcomes? What should	No	No papers identified and no mention of induction/elective section in exidefines	4	3	0			1 that woman in greater risk of having complications enduring vaginal birth?
28	to plan for a pregnancy and does such planning improve outcomes? What should 35 a pre-pregnancy plan contain? What is the min of vitamin sundementation during MS, which vitamins are	No.	RCOQ guidalines suggest possible benefit to prophylactic treatment but evidence is 0 pp. No evidence for pro-pregnancy care plan. Multiple articles addressing virious vitamina particularly VIX x and \$1.50 may be	27	24	2			Planning for a second programing can be very difficult. How on barriers be broken down for more women 3 before pregnancy ? Veri can we better support somen was do as terrified to between another school. It is safe to take vitamine if it have MPC? vaso unable to swelling programor; ballets and was malinourished through being unablet and our drink for for maliner. Increasive and seed understand through being in this time.
31	What is the role of vitarrin supplementation during MG, which vitarrins are 36 important, how should they be administered and do they effect outcomes? How can appointments and clinics within all possible settings (home, GP, hospita etc.) be made more 'HG friendly'? (ie. Reducing sensory stimulations, smells,	No.	Multiple articles addressing various vitamins particularly Vit K and 81.5R may be 36 possible.	20	17	3 2	3		through being unable to eat or drink for 6 months. I received one dose of vitamins through a drip in this time. 1 Why was in one given these regularly. You can appointments and clinics within all possible settings (home, CP), hospital etc) be made more
60	37 Roter, ocusion, access to toler/vice down etc.	No	No studies identified Some benins identified but no conclusive studies within HS literature. A wider	2	1	1 6	5		0 accessible and 'HG friendly'?
38	What are the barriers to taking/prescribing medication for HG? How can the risk and benefits of HG and it's treatments be better communicated to support 38 informed decision making and consent to treatment?	No	South Control Security Control	13	11	2 6			The biggion worry is taking medication and very impact that may have on your laber, clear address and information needs to be growted prior to staking any medication; two only offered stematil which didn't help 3 and only immediate alternated other medication was available. Need of Affict, wherein cleams is deficiled medication? Why are there so for medications is cleared and well-
54	What are the barriers to medication testing and licensing for use during 39 premancy and how do we try to overcome those barriers?	No	No results within HG literature but a wider search regarding general medication 0 testine in sensember may valid more instift which is applicable to IRQ ² One RT sensember difference between patients' receiving diridual in Politic care One RT sensemble difference between patients' receiving diridual in Politic care	4	4	0			tested for use for MS during pregnancy? Has odansetron become licensed for use in pregnancy yet? Can it 0 become standard for GP's to prescribe nationalde?
56	40 Do personalised care plans reduce suffering and improve outcomes for people?	No	package and controls receiving "normal care". No statistical difference was found. 3 further studies required.	3	2	1 6			How can action plans be written up to ensure dehydration, hospitalisation are reduced? Such as day visits for 0 fluids, and consult led care
	What is the currently level of knowledge about HS and it's treatments among healthcare professionals (particularly GPs)? You can effective education for healthcare professionals be designed and delivered to improve the general 11 innesidency and inscrements of HS innesidency and innesidency	No.	comme studies/audits have tried to assess local current breakings but do not abbrev	148	38	9	22		I think using assuments in medical professionals in the biast way to support seems with Mr. Row can we do this Could all hospitals will make just beginning the related as to been they with Mr. Shi to the special professionals be been excluded as to been beguint with Mr. Shi there a process to follow considering complications, general state, psychological state, evolution of the programmer, effects on patient's day to ope for a feet professionals when go a present with the professionals when the professionals who don't have particular as the professional who don't have particular as the professional who don't have particular as the professionals who don't have particular as the professional who don't have particular as the professionals who don't have particular as the professional wh
32	43 improve protessorms or energine and environment to improve the general facilities and excerness of RN amone HPCP. What is the most effective Y rehydration regime, which solution in what quantity over what time period and how frequently Does regular rehydration improve symptoms/outcomes/quality of HPC?	No	Stack of clair studies, current recommendations in guidelines from low level evidence.	19	12	7			is there a difference between different electrolyte influsions? What is the best N fluid regimen in women with 0 MS? How effective is replid rehybration as an outpastiver treatment?
36	How can weightloss/malnutrition from HG be effectively managed/reduced? Do 43 nutritional therapies such as NG tubes. TPN. PEG feeding improve outcomes?	No	Some studies and sase reports of entered leading for 150 with mixed results. Lack of windows for sunificant franciscos in grains. ACMS goodless species on scenar when the contribute of the second studies of the contribute of the contribute of the contribute of the measure second to second studies of 35 alternatives to measure securities and mixed studies.	14	10	4 6			Whicht treatment to reduce the HG and minimize the weightloss? Is it nutrition or IV for example? What role does IV nutrition play in preventine four term health impacts for HG labeles? What role does IV nutrition play
57.	What are the risks and benefits to using Periferally Inserted Central Catheters 44 (PICC) lines and central lines for people with HS requiring regular IV therapy?	No	ACOG and fICOG references a number of low level evidence sources highlighting risks 2 associated with PICC lines in pregnancy.	3	3	0 0			d) nonventries communities birth? If it is an going to execute just 4 times a week for IV fluids and they have trouble finding week because of dehydration why can't they put in a port or picc earlier why must we suffer so long and get yelled at for a given because of the put
	How should treatment vary throughout pregnancy according to physiological changes and metabolic requirements? In: Should doses increase later in								
61	45 creenancy, are some medications less suitable close to delivery	No	No studies identified Negative effects identified in a qualitative systematic roview ref: Dean C, Bannigan K,	2	1	0 2		-	Does choice of best medication to treat HG chanse with sestation?
55	How does HG impact on a person's (and their family's) quality of life? How does 46 quality and efficacy of treatment impact that effect?	Yes and No	Maradan. I Notivering the effect of hyperemois grandurum on women's lives and mental health. Bething Journal of Maledienty. 242-25(2) Pilan further basides since then add to noticene base. However, no exidence identified on how quality and Jefficacy of treatments miniglate or assortation the effect.	4	3	2 6			What is the range of difference in quality of life for patients as linked to the medicines they are given?
	Why are some cases of HG unresponsive to all antiemetics and how can we treat		Cause of unesponsiveness not addressed in literature. Various novel therapies, enteral/parenteral feeding and termination proposed for unresponsive cases in a				,		Why in some cases is it not possible to control the sickness and vomiting? Why doesn't medication work (good enough)? Why do different medications or combinations of medications work (or not work) for different
58	42] such cases?	No	3 must number of season and the two modelines. Various based and onlives of relabelat minimizations for particular approximations. Various based and onlives of relabelation minimizations for particular approximations. For example, 5 flouril. "Test triminate orientations response is not associated with the complete of the contract of the contract orientations." All prices for the contract orientations and contract orientations. Test orientations are contracted in the contract orientation or the contraction or	3	3	0		1	O patients? Why don't office or medications work assent this he effects?
12	What are the immediate and long term effects of the various medications/heatments on the developing fontus throughout the various stages 48 of oversizes and in various doses or combinations of readments?	No	confusements on equipment and the risk of engine composition and financiations and heart places. As a systematic creation and exact analysis, solveness and of Children's and places are supported to the confuse of t	26	80	9			Oa any of the medicines have the belty? Does the type, does and duration of medication have different effects on the belty deprending on the time of the preparency the medication is used, for example, does condistration have and filtered potential effects on the belty of the his to be then the first trimester? In this 3 dates cocket entitle the best time for belty. This is a greater to premarize a contraction of the design of the contraction of the design of
45	What dietic service support is currently available to people with HG within maternity services? What impact does dietic care have on clinical outcomes and 49 quality of life?	No	No studies identified, Guidelines suggest destrian involvement based on expert 0 poprison	8	4	s			what is worthin is apparent or the destripping in malerthry services in what is worthin is apparent in creation support in malerthry services? What impact does detection can be one of critical controllers and Quilt for execution with hypertensia? Is there any improvement in clinical outcomes in those with o receive dilettic legicity versus of those who do not yet.
			-						

	What are the nutritional requirements of the 1st, 2nd and 3rd trimesters and										Is there benefit in providing hyperemesis patients with oral nutritional supplements? Which foods are best to
	how can people with HG achieve these goals? In. Oral supplements, fortifying			None identified within HG specific literature but a search within wider pregnancy							eat when suffering from HG? What is the best way to gain and retain vital nutrients during HG? What dietary
21	50 food, particular dietary measures	No		literature may identify evidence relevant to this question.	38 32	5	4	6			0 advice is best for a HG-patient?
											Would having some Physiotherapy possibly reduce the risk of blood clots and help mental health. Of those
63	51 Does physiotherapy have a role to play in HG management?	No		No studies identified. Guidelines suerest multidisaplinary approach	1 1	0	0				0 suffering HG?
	What are the wider biopsychosocial impacts of MG on partners, families, older			some studies address wider family impacts. SR maybe possible. No studies on							What is the impact of HG on the woman's partner/family (e.g. having to take time off work, becoming a care
22	52 children, relationships, work and finances? And how can families be supported?	Mar.		some studies address wider raminy impacts, six maybe possible, no studies on support for families	27						what is the impact or HG on the woman's partner/ namely (e.g. naving to take time on work, becoming a care 2 feeling hopeless and helpless) and how does HG change relationships
**	32 CHISTO, TERROLITE, WORLD INDICES AND NOW CENTERING OF EXPONEU	140		appar or armin		*		,			2 recing repress and regressy and now over no charge reasonances
				Some immediate effects identified in systematic review but long term consequences							What are the effects/consequences of HG for the baby and the mother in long term? What are the risks to the
				require further study: Veenendaal MV, van Abselen AF, Painter RC, van der Post JA.							fetus when a woman has Hyperemisis Gravidarum? What are the long term effects of a HG pregnancy on the
	What are the immediate and long term effects of HG (including malunutrition			Roseboom TJ. Consequences of hyperemesis gravidarum for offspring: a systematic							health of a child? (Impact of medication but also, is there any impact on the child anyway without meds e.g.
2	53 and dehydration, stress) on the developing foetus?	Yes and No	51	review and meta-analysis. Bioe. 2011;118(11):1302-13.	130 112	25	3				3 Jone term growth, IO, physical health, mental health etc)
				Pyschological morbidity has been demonstrated with systematic review: Mitchell-							What are the most common complications of HG? How can we raise the risk of embolism, so women know
	What are the immediate and long term, physical, mental and social			Jones, N., et al. (2017). "Psychological morbidity associated with hyperemesis							when to seek help? What are the longterm effects of HG for mother and baby? Metabolic impact of
	consequences and complications of MG (including malnutrition and dehydration)			gravidarum: a systematic review and meta-analysis." Bjog-an International Journal of							hyperemesis during and after pregnancy? What are the long tem effects of HG (i.e. up to 5 years after the
	on the pregnant person's body. (ie. Metabolic impact, DVT, depression, effects of		400	Obstetrics and Gynaecology 124(1): 20-30. A myriad of other consequences and							pregnancy)? Is HG linked to higher rates of postnatal depression, family breakdown, and decisions not to have
9	54 dehydration)	No	138	complications have been identified in the literature but no systematic review.	110 95	12	5	12			6 any other children? How many HG sufferers had to stop working prematurely?
											What is the impact of HG on early bonding and attachment with baby? How does HG affect breastfeeding?
											How does the experience of MG affect subsequent bonding and attachment between the mother and baby?
				Some studies looking at attachement and bonding with conflicting results. Not							Can you breastfeed through HG (i.e. breastfeed an older child – I did but couldn't get any support or find
41	55 Does HG effect breastfeeding or early bonding and attachment with the baby?	No		enough for SR. Original research required.	11 10	1	1	1			0 anyone else who had done it? Are women with HS less likely to breastfeed?
			1			1	-			l	How does HG affect the likelyhood of a family choosing to have another baby? Do you feel as though your
		1	1							I	experience with HG was limiting/ debilitating enough to make you not want to have another child, as oppose
	Does HG impact on people's reproductive choices and/or limit families? Does this	4	1	Mixed results from a couple of heterogeneic studies SR not possible yet, research		l	1			l	to if you hadn't suffered HG during your pregnancy? was HG a reason not to get any more children? Did HG
42	56 have an effect on family wellbing and mental health?	No		needed	10 9	3	0	0			0 stop you having further pregnancies?
		1	1							l	
		1	1			l	1			l	How do I maintain adequate blood sugar control as a patient with type 1 diabetes and hg? How can we best handle sestational diabetes when HG impacts what and when and if you can eat? If a type 1 diabetic woman
		1	1	Various case reports of a variety of comorbidities with HG and a cohort study looking		l	1			l	handle gestational diabetes when HG impacts what and when and if you can eat? If a type 1 diabetic woman gets HG what should she do? How does Syndrome Gilbert affect pregnant woman, especially one that suffers
	How should people with comorbidities be managed while suffering HG, for			at diabetes. Further research needed. An SR on the case reports of gastic							from Hyperemesis Gravidarum? How does HG effect women with current or past eating disorders? As
	57 example dishetes entiancy mental health conditions?	No.	2	hands/hunass in realting to HS may be possible					,	l .	0 someone that already suffers with mental health problems is there a chance he has made thines worse?
											What do employers need to know in order to be able to support women with HG? The general public should
	How can awareness of the condition be raised among the										be made aware of this condition - any plans to publicise this illness? Many people do not understand the
	public/employers/media etc? How does the public perception of the condition										severity of HG. How can it be explained to family members and employers? How can we all make the world
16	58 affect people suffering HG?	No	1	No studies identified	67 59	3	8	7			4 more aware of what HG is and the horrific issues behind it?
				An SR which attempted economic analysis of treatments for HG/NVP found* The							
				economic analysis was limited by lack of effectiveness data", Further research							What is the total economic cost to the individual, her family, the health system and society when a patient has
				required. Ref: O'Donnell A, McParlin C, Robson SC, Beyer F, Moloney E, Bryant A, et							hyperemesis gravidarum? Explore economic burden of severe NVP/hyperemesis in different countries (direct +
	What is the total economic cost to the individual, thier family, the health system			al. Treatments for hyperemesis gravidarum and nausea and vomiting in pregnancy: a systematic review and economic assessment. Health Technol Assess. 2016;20(74):1-							indirect cost). What is the cost/impact of HG management in acute settings vs a community based model.
	What is the total economic cost to the individual, thier family, the health system 59 and society when a person has HG? How do differing models of care after this?			systematic review and economic assessment. Health Technol Assess. 2016;20(74):1-							What is the estimated annual cost to the national economy of working-days lost due to HG and related
49	29 and society when a person has not now do differing models of care after this?	NO		200	1	1					U Conditionar
	How can HS research be impowed and stimulated? Which treatment outcomes			Problems with definition and outcomes identified in Systematic Review which							Which treatment outcomes are meaningful to HG patients? Can we agree on an international definition of HG
	are meaningful to patients, what definition of MG can be used for research, what			demonstrates need for consensus on these for research: Koot, M. H., et al. (2018).							women's experiences of severe HG qualitative research? Are the children born to HG sufferers put on any sort
	light can qualitative research shed on woman's experiences of HG, can a database			"Variation in hyperemesis gravidarum definition and outcome reporting in							of database to try and collate some sort of information for future medical survey/information reference? I have
	of HG offspring be established, How can RCTs of medical treatments be			randomised clinical trials: a systematic review." Bjog-an International Journal of							a more general question, methodological. Which (Medical) interventions improve the relevant outcomes. I
50	60 encouraged and supported?	No		Obstetrics and Gynaecology 125(12): 1514-1521.	7 2	5	0	0			0 want to see rcts! No more or much less observAtional
		1	1			l	1			l	
		1									
1		1	1	Many case reports of differential diagnoses at varying points in pregnancy, SR would						I	
50	What other diagnosis should be considered and at which points in		_	be helpful. Guidelines list various possible differntial diagnosis based on low quality		J	_	_			when do you consider further investigations like imaging/endoscopy in cases of pensistent hyperemesis beyon
39	NA MARINE AVAILABLE STREET	100	1 7	TOWNS HIS TAKES SOUTHS.	1 2	-	0			l	NAME OF STREET OF STREET, STRE
1		1	1							I	
1		1	1							I	
		1	1							l	
		1	1			l	1			l	
1	Would an alternative name/classification for hyperemesis gravidarum better	1	1	No evidence identified. It may be worth looking at literature from other condition						I	What can we rename HG which reflects that some women don't have severe vomiting but severe nausea which
62	62 reflect the scope of the condition and improve awareness/reduce stigma?	No	-	which have been renamed to assess potential impact of such work.	2 1	1	0	0			1 leads to same outcomes
		1	1							l	
	What are people's rights to treatment and how can people with HG be enabled to	1	1			J	J.			l	
64	D.3 BRINTLINE STREET FIRENCE!	NO.	+	NO IDEFAULT CONTINUE.	1 1	0	0				0 What are my rights if GP is refusing to offer medicines?
		1	1	No specific reports within the HG literature identified. Searches on specific		l	1			l	What is the action of the various medications prescribed? I've seen caraban used for HG how does this
52	64 What is the mode of action for the various medications?	No	1	medications within pharmacology literature may yelld better results.	5 4	4		0		1	what is the action of the various medications prescribed r I we seen caraban used for HG now does this mechanism work? Why is HG better controlled on a combination of medicines rather than just one?
-	What employment rights do people with HG have and what financial support is	1	1	No literature identified in relation to HS, general pregnancy literature searches per		1	-		,		, , , and desired an analysis of the control of the
43	65 available to them?	No		country may yield more results	9 8	a	1	1			0
								•			
		1	1							l	Are there survival/evolutionary benefits to HG? (This question is only asked once and in my view it's refering to
		1	1			l	1			l	NVP/morning sickness and not HG as historically HG mostly killed the sufferers in early pregnancy so unless th
1		1	1							I	evolutionary benefit was to kill off those of us who should not be reproducing, which we've managed to
1		1	1							I	overcome with modern medicine than I don't really see that it can have a benefit, population control maybe?
		L	1							l	In terms of survival benefits, given it's pre-modern-medicine death rate, again, no survival benefit for mum or
65	66 Are there survival/evolutionary benefits to HG?	INo		Some studies proposine theories, no SR identified.	11 0	1	0			l	0 biby.)