

Questions to ask about your HG care

Appointments move quickly, especially when you are exhausted. Tick the questions that matter, ask them in your own words and write down the answers.

Name _____

Date _____

Weeks pregnant _____

Use the section that matches your appointment.

Not every professional can answer every question. If they cannot help, ask who can, whether a referral is needed and how to contact that service.

Questions for any appointment

- ☐ Could this be HG rather than ordinary pregnancy sickness?
- ☐ How are you considering severe nausea, even if I am not vomiting much?
- ☐ Can we talk about how little I am eating and drinking and what I can manage day to day?
- ☐ Could another condition be causing or worsening these symptoms?
- ☐ Am I dehydrated or losing too much weight?
- ☐ Can we talk about how this is affecting my mood and ability to cope?
- ☐ What changes mean I need reassessment the same day?

You do not have to be vomiting to have HG.

Severe nausea matters too. Urine ketones should not be used to judge severity.

Questions for my GP or prescriber

- ☐ Based on how unwell I am, is it safe to treat me at home or do I need day-unit or hospital care?
- ☐ Which anti-sickness medicine should I take, how much and how often?
- ☐ If the first medicine is not enough, what will we add or change?
- ☐ What can we do if I cannot keep tablets down?
- ☐ I am barely eating. Do I need vitamin B1, also called thiamine?
- ☐ When will you check me again? The RCOG GP guide says people treated at home should be reviewed within 24 to 72 hours.
- ☐ Can I have enough medication and repeat prescriptions so I do not run out?
- ☐ What should I do, and who should I contact, if I get worse out of hours?

Bring your medication packets or an up-to-date list, including over-the-counter medicines and supplements.

Questions to ask about your HG care

Hospital, maternity, midwifery and ongoing care

Questions for the maternity, early-pregnancy or hospital team

- ☐ What treatment do I need today?
- ☐ Could I be treated in a day unit, or do I need to stay in hospital?
- ☐ How will you check my hydration, weight, blood results and nutrition?
- ☐ Do I need vitamin B1, also called thiamine, because I have eaten so little?
- ☐ What is the next step if the first treatment does not help enough?
- ☐ At what point would I need help from a dietitian or additional nutrition?
- ☐ If I am admitted or unable to move around much, do I need anything to reduce the risk of blood clots?
- ☐ What is the plan for medication and follow-up when I go home?
- ☐ Who should I contact directly if symptoms return or worsen?

Questions for my midwife and ongoing antenatal care

- ☐ Who should I contact if symptoms worsen, including out of hours?
- ☐ Can we discuss how HG is affecting my mood and ability to cope?
- ☐ What mental health support or referral is available if I need it?
- ☐ What practical support, follow-up or extra check-ins are available locally?
- ☐ If severe symptoms continue after 20 weeks, will my baby's growth be monitored?
- ☐ How will my care plan change as the pregnancy progresses?
- ☐ Can you help coordinate my care if more than one service is involved?

Looking ahead

- ☐ What is my written care plan if symptoms worsen?
- ☐ If I plan another pregnancy, can I have pre-pregnancy advice and an early treatment plan?

Your own questions and notes

Use page 3 for anything not covered here and to record answers, next steps and follow-up.

Clinical basis: RCOG Green-top Guideline No. 69 (2024), including its general practice management algorithm, doi.org/10.1111/1471-0528.17739; Windsor Definition, Jansen et al. (2021), doi.org/10.1016/j.ejogrb.2021.09.004. This resource supports conversations and does not replace individual medical advice.

