Hyperemesis Gravidarum Assessment

NAME ______________________ DATE ______________________

ADDRESS ______________________

PHONE ______________________ DATE OF BIRTH ______________________

EMAIL ______________________ EST DUE DATE ______________________

CARE PROVIDERS			
	Name	Phone	
Perinatologist		( )	☐ Current ☐ Former
Obstetrician		( )	☐ Current ☐ Former
Gastroenterologist		( )	☐ Current ☐ Former
Dietician/Nutritionist		( )	☐ Current ☐ Former
Midwife		( )	☐ Current ☐ Former
Other		( )	☐ Current ☐ Former

PREGNANCY/HYPEREMESIS GRAVIDARUM HISTORY	
Total number of pregnancies? _____	Pregnancies with severe nausea/vomiting or HG? _____
How many live births? _____	How many pregnancies with multiples? _____
How many ER visits for HG? _____	How many inpatient stays for HG? _____ Est. total days: ____
Usual symptom onset @ _____ weeks	Symptoms ended @ _____ weeks
How many weeks on bed rest? _____	How long did you take medications? _____ weeks or months

PREGNANCIES						
Year of Delivery or Loss	HG Y/N	Weight Loss (e.g. 5 kg)	How Many Weeks Pregnant	Outcome: Miscarriage (MC) Stillbirth (SB) Termination (Ab)	Pregnancy Complications (e.g. Preeclampsia (PE), Placental Abruption (PA))	Child Health, Genetic or Psychological Issues

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TREATMENT HISTORY (Common meds: Zofran, Compazine, Reglan, Kytril, Diclegis, Phenergan, Steroids)						
Medication	Dose (e.g. 4 mg)	Pill/IV/Patch SubQ/Rectal	Frequency (daily, 3x/day)	During which weeks?	What effect did it have?	Side effects or problems

Did you receive any of the following? ☐ IV Nutrition (TPN) ☐ Tube Feedings ☐ Home Health Care ☐ Total Days:_____
Did you experience any of the following? ☐ Depression/anxiety ☐ Delivery complications ______________________________
☐ Other: ____

POSTPARTUM SYMPTOMS & DURATION					
Symptom	# Weeks	Symptom	# Weeks	Symptom	# Weeks
☐ Depression/Anxiety		☐ Fatigue/weakness		☐ Sleep difficulties not due to child(ren)	
☐ Traumatic Stress		☐ Reflux/GI Issues		☐ Dental Issues	
☐ Fully Recovered @ ____		☐ Other:			

CHILD OUTCOMES						
1st	☐ Reflux ☐ Colic	☐ Frequent Infections	☐ Developmental Delays/Problems	☐ Behavioral Issues	☐ Allergies ☐ Asthma	☐ Other:
2nd	☐ Reflux ☐ Colic	☐ Frequent Infections	☐ Developmental Delays/Problems	☐ Behavioral Issues	☐ Allergies ☐ Asthma	☐ Other:
3rd	☐ Reflux ☐ Colic	☐ Frequent Infections	☐ Developmental Delays/Problems	☐ Behavioral Issues	☐ Allergies ☐ Asthma	☐ Other:
4th	☐ Reflux ☐ Colic	☐ Frequent Infections	☐ Developmental Delays/Problems	☐ Behavioral Issues	☐ Allergies ☐ Asthma	☐ Other:

HEALTH HISTORY		
☐ Gall Bladder Disease	☐ Diabetes	☐ Thyroid Disease: ☐ Hypo or ☐ Hyper
☐ Fertility Treatments	☐ Migraines	☐ Liver Disease
☐ Irritable Bowel Syndrome	☐ Molar Pregnancy	☐ Excessive Bleeding or ☐ Clotting
☐ Celiac Disease/Food Allergies	☐ Motion Sickness	☐ Hypoglycemia
☐ Family History of HG	☐ Ovarian Cysts	☐ Pancreatitis ☐ Due to TPN
☐ Anxiety/Depression	☐ Fertility Treatments	☐ PMS
☐ Intolerance of Oral Hormones	☐ Stomach Ulcers	☐ Other:
☐ Kidney Disease	☐ Seizures	

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VISIT ASSESSMENT

NAME ______________________________ DATE ______________________________

WEIGHT: Pre-Preg ______ lb/kg Current ______ lb/kg ALLERGY: ____________ HELP Score: _____
Lost this week ______ Total Lost ______ % Ketones ______ Previous HELP Score: _____

CURRENT CARE - MEDICATIONS (e.g.: Zofran, Compazine, Reglan, Kytril, Diclegis, Phenergan)

Medication	Dose (e.g. 4mg)	Frequency (e.g. 3x/ day, 1x/week)	Route (Oral/IV)	Do you keep it down?	Side-effects or problems
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	

Common side-effects: ☐ Constipation ☐ Anxiety ☐ Drowsiness ☐ Headaches ☐ Dizziness ☐ Dry Mouth
☐ Other issues: ______________________________

CURRENT CARE - SUPPLEMENTS & VITAMINS

Supplements (include brand & main ingredient(s) if known)	Dose (e.g. 4 tabs)	Frequency (e.g. 3x/day, 1x/week)	Reason (e.g. reflux)

Vitamins: ☐ Prenatal ☐ B6 ☐ IV vitamin ☐ Thiamin ☐ Iron ☐ Other: ______________________
Nutrition: ☐ IV fluids (TPN/TPPN) ☐ NG/NJ/G or J-Tube feedings ☐ Start Date ____________ ☐ None
Current IV or nutritional therapy: ______________________________
IV/Midline/PICC Symptoms/G or J-tube: ☐ Redness ☐ Swelling ☐ Pain ☐ Warmth ☐ Rash/Infection ☐ Fever ☐ Chills
Additional treatments: ☐ Acupuncture ☐ Other: ______________________________

I am considering termination of my pregnancy because I'm sick. ☐ Yes ☐ No ☐ Maybe

SYMPTOM ASSESSMENT

Main Triggers: ☐ Noise ☐ Light ☐ Smells ☐ Motion ☐ Car Rides ☐ Sight of Food
☐ Other: ______________________________

Week symptoms started: _____ Hours of nausea each day: _____ Nausea Severity: ☐ Mild ☐ Moderate ☐ Severe
How many times on average do you vomit each day: _____ Retch: _____
Vomit Description: ☐ Bile ☐ Blood ☐ Liquid ☐ Coffee grounds ☐ Undigested food ☐ Other: ____________
Appetite: ☐ None ☐ Very little ☐ Sometimes ☐ Very hungry ☐ Varies
Days since last BM: _____ Amount: ☐ Very little ☐ Small ☐ Medium ☐ Large ☐ Describe: ____________
Symptoms compared to previous pregnancy: ☐ Better ☐ Worse ☐ Same ☐ Unsure ☐ N/A

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RATE ANY YOU HAVE EXPERIENCED RECENTLY USING A SEVERITY SCALE OF 0 TO 5 0=OK Now, 1=Mild, 3=Moderate, 5=Severe					
Symptom	Severity	Symptom	Severity	Symptom	Severity
Heartburn		Reflux		Vision changes	
Constipation		Diarrhea		Hoarseness	
Jaw pain/clicking		Abdominal pain		Heart rate changes	
Difficulty walking		Abdominal fullness		Confusion	
Breathlessness		Difficulty swallowing		Dizziness	
Fever		Depression/anxiety		Headaches/Migraines	
Difficulty with memory/focus		Frequent urination, or burning, pain, blood		Throat burning/ bleeding	
Dry skin/lips/gums		Excessive saliva		Difficulty functioning	
Blood clots		Bloody or fatty stool		Weakness/Fatigue	
Infection		Urine/stool leakage		Muscle cramps/spasms	
Fainting		Vaginal bleeding		Hemorrhoids	
Pain:		Other:			

NUTRITION

What did you eat yesterday ? ______________________________

Foods you can eat: ______________________________

Foods you cannot eat: ______________________________

Current amount of food you can eat compared to pre-pregnancy: _________% (e.g. 50% = half of what you normally eat)

PSYCHOSOCIAL

Who helps care for you? ______________________________

Employment status: ☐ Full-time ☐ Part time ☐ On Leave/Disability ☐ Student ☐ Work at home ☐ None

Number of adults in your home? _____ Number of kids under 18 years: _____

What activities are you unable to do? ______________________________

What causes the most stress? ______________________________

Other concerns? ______________________________

____

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PLAN OF CARE

☐ Follow-up in _______ days ☐ Admit Inpatient ☐ Private Room ☐ ________________________

Consults: ☐ GI ☐ Perinatology/MFM ☐ Home Health ☐ Dietician ☐ PT ☐ Psych ☐ Other: ____________________

Diagnostics: ____

Ultrasound: ☐ Abdominal ☐ Vagninal ☐ Pelvic

Lab Panels: ☐ Metabolic ☐ Thyroid ☐ Electrolytes ☐ Liver ☐ Renal ☐ H-pylori ☐ Weekly CMP for TPN

____

Antiemetic Recommendations:
☐ Change: 1. Dose 2. Frequency 3. Route 4. Add (or change) Med
☐ Take on strict schedule vs. prn & wean slowly if asymptomatic

☐ Give HER Foundation Referral/Brochures
☐ Check Ketones @ Home? Yes/No
☐ Do HELP Score @ Home every ______ days

MEDICATIONS & ESSENTIAL VITAMINS

Medication	Dosage	Route **	Considerations
☐ Diclegis/Diclectin ☐ Unisom ☐ Diphenhydramine	___ Tabs/day ☐ prn ☐ At bedtime	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ May cause drowsiness. ☐ Check daily B6 total.
☐ Zofran (ondansetron) ☐ Kytril (granisetron) ☐ Anzemet (dolasetron) ☐ Remeron (mirtazapine)	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐ PV ☐ Other: _______________	Daily bowel regimen: ☐ Stool softener _______ ☐ Laxative ____________ ☐ Can give ODT vaginally.
☐ Phenergan (promethazine)	___ mg _____x/day ☐ prn	☐ Oral ☐ PR ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ Antihistamine may prevent side-effects.
☐ Reglan/Maxeran/Primperan (metoclopramide)	___ mg _____x/day ☐ prn ☐ Before meals	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ Antihistamine for side-effects; SLOW IV Push
☐ Compazine/Stemetil (Prochlorperazine)	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ PR ☐_____	☐ Antihistamine may prevent side-effects.
☐ Methylprednisolone ☐ Solu-medrol	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ High dose then taper ☐ May keep @ low dose.
☐ Catapres (clonidine) ☐ Neurontin (gabapentin)	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ Transdermal option ☐ Experimental usage
☐ Emend (aprepitant) ☐ Aloxi (palonosetron)	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ NEW antiemetics; use with caution.
☐ Thiamin/B1 (≤500 mg/day) ☐ B complex	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ To prevent Wernicke's if 2+ weeks poor intake.
☐ Multivitamin/MVI ☐ Prenatal (Check B1/B6 mg)	___tab/amp ___x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ Iron may increase nausea; take with food.
☐ Pyridoxine/B6 (up to 150 mg/day)	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ More than 150 mg/day may cause neuropathy.
SLEEP:	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ Option: hydroxyzine ☐ Poor sleep worsens HG
GI:	___ mg _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐ H2 blockers & PPI's may improve nausea.
	___ _____x/day ☐ prn	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐_____	☐
	☐ prn		

OD = Oral Dissolving, TD = Transdermal, SQ = Subcutaneous, SL = Sublinqual, Comp = Compounded, PR = Rectal
PV = Vaginal, **IM not recommended due to atrophy/pain sensitivity

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OTHER NEEDS

Add vitamins: ☐ B Complex ☐ Thiamin ☐ B6 ☐ Iron ☐ Folic Acid ☐ Multi-vitamins
☐ Oral ☐ Sublingual ☐ Transdermal
Nutritional Needs: ☐ TPN ☐ NG/GT ☐ PPN ____________________
Parenteral Therapy:
☐ Line placement: ☐ IV ☐ Midline ☐ PICC ☐ Central ☐ Other: ____________________
☐ Home IV ☐ Outpatient IV ____ days/week or ☐ PRN
☐ Banana Bags ☐ Myer's Cocktail ☐ Daily ☐ ____ days/week over ____ hours, or ☐ PRN
☐ KCl __________ ☐ NaCl __________ ☐ MgSO4 __________ ☐ Iron __________
☐ LR ☐ 1L ☐ 2L ☐ 3L ____ x/day over ____ hours, or ☐ PRN
☐ __________ ☐ 1L ☐ 2L ☐ 3L ____ x/day over ____ hours, or ☐ PRN ☐ Add 100mg Thiamin
☐ __________ ☐ 1L ☐ 2L ☐ 3L ____ x/day over ____ hours, or ☐ PRN ☐ Add 100mg Thiamin
☐ MVI once daily ☐ B Complex once daily ☐ Thiamin 100mg ____ x/day ☐ Vitamin K ____ mg/day
☐ Folic Acid _____ mcg once daily ☐ Other: ____________________
Psychosocial Needs: ☐ Disability ☐ FMLA ☐ Other: ____________________
Home Assessment: ☐ Ketostix ☐ HELP Score ☐ Diet Log ☐ HG Care App
Education Needs: ☐ Diet/thiamin intake ☐ HG Brochure ☐ IV management
☐ Serotonin Syndrome ☐ Bowel regimen ☐ ____________________
☐ Other: ____________________

D5NS + 1 ampule MVI + 100 mg thiamin + 1 mg folic acid;
or Myer's Cocktail + 1 ampule of MVI + 1mg folic acid;
or a Banana Bag with B-complex.
Note: MVI contains only 6 mg of thiamin.

TREATMENT STRATEGIES (Remember acronym: HELP HER)

1. Hydration is important for treatment effectiveness.
2. Electrolytes & nutritional deficits should be corrected regularly.
3. Loss of muscle mass makes IM injections problematic.
4. Proactively address medication side-effects.
5. HER Foundation referrals offer education & support.
6. Escalate dose & change frequency/route then change/add meds.
7. Relapse common if meds stopped abruptly, wean over 2+ weeks.

Kimber's RULE OF 2'S

Wean medications for HG:

+

+

Over 2+ weeks | After 2+ weeks without symptoms | In 2nd trimester or later

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HER is the global voice of HG

NAUSEA/VOMITING OF PREGNANCY ALGORITHM

(HELP <20)
1. B6/Pyridoxine 10–25 mg PO with or without Doxylamine 10-25 mg 3 or 4 times per day. (Either separately or as delayed release combination.)
2. Thiamin/Benfotiamine 100 mg PO 1-3 times per day. (250 mg daily PO minimum after 20 weeks)
3. Continue prenatal vitamin as tolerated then change to single vitamins (B1, B9, D, Ca).
4. Add gastric/esophageal protection at bedtime with onset of vomiting or poor intake. (See shaded box below.)

(HELP <32)

Add up to 1 from each class:
1. Antihistamine (discontinue doxylamine)
   - *Dimenhydrinate* 25-50 mg q 4–6 hours PO or PR (limit to 200 mg per day if taking doxylamine)
   - *Diphenhydramine* 25–50 mg PO q 4–6 hours
   - *Meclizine or Cyclizine* 25 mg PO q 6-8 hours
2. Dopamine Antagonist (Use only 1 at a time or alternate)
   - *Metoclopramide* 5-10 mg q 6-8 hours PO or ODT
   - *Promethazine* 25 mg q 4-6 hours PO or PR (avoid IM/IV)
   - *Prochlorperazine* 5-10 mg q 6-8 hours PO or 25 mg twice daily PR

Add a daily bowel care option(s) and serotonin antagonist:
1. Bowel Care: Stool softener, magnesium (citrate, oxide), polyethylene glycol + stimulant laxative or enema <3x per week prn.
2. *Ondansetron* 4-8 mg q 6 hours (not prn) PO or ODT, or ODT given vaginally ***OR***
3. *Granisetron* 1 mg q 12 hours PO or 3 mg TD patch (may need 1 mg oral dose on days 1 and 2)
   NOTE: Replace electrolytes & monitor EKG if risk of QT prolongation.

Consider NUTRITION (see box to right) and one of the following:
1. *Mirtazapine* 15 mg q 8 hours PO or ODT (Dose not established for HG. Discontinue other serotonin antagonists.)
2. *Methylprednisolone* (if 9+ weeks) 16 mg q 8 hours PO or IV for 3 days. Taper over 2 weeks. Maintain on lowest effective dose if needed. Avoid administration exceeding 6 weeks.
3. *Prochlorperazine* 5-10 mg PO q 6-8 hours
4. *Chlorpromazine* 25–50 mg IV or 10–25 mg PO q 4-6 hours

GERD or gastric/esophageal protection options:
1. Calcium antacid (avoid Aluminum, Bismuth or Bicarbonate)
2. H2 antagonist BID: *famotidine* 20-40 mg PO
3. Proton Pump Inhibitor (PPI) q 24 hours at bedtime
   - *esomeprazole* 30-40 mg PO or IV
   - *lansoprazole* 15-30 mg PO or ODT
   - *pantoprazole* 40 mg PO or IV

(HELP >32)

Select IV fluids and dilute vitamins; infuse slowly:
1. Thiamin 100-500 mg IV 3 times daily
2. Banana Bag with B Complex
3. NS or LR + MVI + B Complex (B1, B2, B3, B6, B9)
   - Add prn: KCl, Na, Vit K, Vit D, Zn, Se, Fe, Mg & Ca.
   - Always give 200 mg B1 with IV dextrose (prevent WE).
   - Slowly replace low/marginal electrolytes (prevent CPM).
   - Consider restricted PO intake for 24-72 hours (gut rest).
   - Consider midline or central line for frequent IVs.

+

If oral meds ineffective or not tolerated, change to *ONE OF THE FOLLOWING with daily bowel care (see options on left box):*
1. *Ondansetron*:
   - IV: 4-8 mg over 15 minutes q 6 hours or continuous infusion
   - Subcutaneous (SubQ) continuous infusion: 8 mg starting dose, then 12-40 mg/day; wean slowly to PO if stable
2. *Granisetron* 1mg q 12 hours IV or continuous infusion
   If needed, add one or both of these meds:
3. *Dimenhydrinate* or *Diphenhydramine* 25-50 mg q 4–6 hours IV
4. *Metoclopramide*:
   - IV: 5–10 mg q 8 hours SLOW infusion
   - SubQ continuous infusion: 5-10 mg starting dose, then 20-40 mg/day

***Wean IV/SubQ to PO when stable, then monitor for at least 24 hours before discharge.**

NUTRITION - If weight loss ≥7% and/or persistent HG, consult with GI & Nutrition & IV Therapy:
1. *Enteral therapy*: Gradually increase infusion (after resting GI tract) with or without additional parenteral/enteral fluids. (NJ or J/G-tube preferred). Insert SMALL bore nasal tube under sedation.
2. *Intravenous fluids and/or parenteral nutrition*
   - Prevent Refeeding Syndrome: Slowly restart nutrition & monitor weight, cardiac rhythm and electrolytes (especially phosphorus!).
   - Continue until gaining weight on PO intake and meds.

Disclaimer: This is not medical advice. Do not change your diet, treatment or lifestyle without consultation from your medical provider.

IMPORTANT NOTES:
1. If symptoms persist, follow arrows to next level of care and consider non-oral forms of medications such as compounded, transdermal, IV, or SubQ. ALWAYS wean meds slowly.
2. After IV therapy, use non-oral options or move slowly to oral medications as tolerated.
3. Most medications can cause QT prolongation, consider EKG or cardiac monitoring for high risk patients, high doses of medications, multiple medications, or electrolyte & vit B1 abnormalities.
4. Intramuscular injections (IM) not recommended due to muscle atrophy and pain sensitivity.
5. Dehydration and nutrient (e.g. electrolytes, B1) deficiencies decrease medication effectiveness.
6. Weaning too early or rapidly may result in worsening or refractory symptoms.
7. HELP = HyperEmesis Level Prediction Score. Learn more: www.hyperemesis.org/tools.

HER® Foundation

www.hyperemesis.org/tools
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HELP (HyperEmesis Level Prediction) SCORE

Name: ______________________________ Date: ___________ Gestational Age: ______ SCORE: _______

TODAY'S Weight: ______ LAST WEEK'S Weight: ______ Change: _____% PREVIOUS SCORE: _______

Meds: ☐ Ondansetron ☐ Granisetron ☐ Diclegis ☐ Promethazine ☐ Metoclopramide ☐______________

Mark ONE box in EACH ROW that describes symptoms over the last 24 hours unless specified otherwise.

My nausea level most of the time:	0	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
I average __ vomiting episodes/day:	0	1-2	3-5	6-8	9-12	13 or more
I retch/dry heave __ episodes daily:	0	1-2	3-5	6-8	9-12	13 or more
I am urinating/voiding:	Same	More often due to IV fluids; or light color	Slightly less often, and normal color	Once every 8 hours; or slightly dark yellow	Less than every 8 hours or darker	Rarely; dark or bloody; or foul smell
Nausea/vomiting severity 1 hour *after* meds OR after food/drink if no meds:	0 or No Meds	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
Average number of hours I'm <u>unable</u> to work adequately at my job and/or at home due to being sick has been:	0	1-2 (hours are slightly less)	3-4 (can work part time)	5-7 (can only do a little work)	8-10 (can't care for family)	11+ (can't care for myself)
I have been coping with the nausea, vomiting and retching:	Nor-mal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling: moody, emotional	Poorly: irritable depressed
Total amount I have been able to eat/ drink AND keep it down: *Medium water bottle/large cup = 2 cups/500mL.*	Same; no weight loss	Total of about 3 meals & 6+ cups fluid	Total of about 2 meals & some fluid	1 meal & few cups fluid; or only fluid or only food	Very little, <1 meal/minimal fluids; or frequent IV	Nothing goes or stays down, or daily **IV/TPN/NG**
My anti-nausea/vomiting meds stay down or are tolerated:	No meds	Always	Nearly always	Sometimes	Rarely	Never/**IV/SQ** (SubQ pump)
My symptoms compared to last week:	Great	Better	About Same	Worse	Much Worse	So Much Worse!!!
Weight loss over last 7 days: ___%	0%	1%	2%	3%	4%	5%
Number of Rx's for nausea/vomiting*	0	1	2	3	4	5+
	0 pts	**1 pt/answer**	**2 pts/answer**	**3 pts/answer**	**4 pts/answer**	**5 pts/answer**
TOTAL each column = (#answers in column) x (# points for each answer)	0	____	____	____	____	____
TOTAL for ALL columns: ______		**None/Mild ≤ 19**		**Moderate 20-32**		**Severe 33-60**

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Weight Loss % = (Amount lost ÷ Pre-pregnancy weight) x 100
(Weight loss calculation optional for home use)
* Number of Rx's = Number of Rx medications for HG (not doses)

HER® Foundation
The global voice of HG

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