

HYPEREMESIS GRAVIDARUM; NASOGASTRIC TUBE FEEDING IS FEASIBLE. A 10-YEAR RETROSPECTIVE COHORT STUDY.

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Background. Hyperemesis gravidarum affects 1% of pregnancies with increased risk of preterm birth and growth retardation. Nutritional treatment is traditionally administered intravenously by peripheral or central line (CVC) but nasogastric jejunal tube feeding is an alternative. We wanted to explore the effect of enteral tube feeding in hyperemesis gravidarum.

Method. Retrospective journal review of all hyperemesis gravidarum patients treated at Haukeland University Hospital during 2002-2011. Data were collected regarding fluid/nutritional treatments and pregnancy outcomes.

Results. Of 558 Hyperemesis gravidarum patients, 273 received only water/electrolytes intravenously, 177 nutritional supplements by peripheral line, 107 enteral tube feeding and 10 total parenteral nutrition by CVC. Patients receiving enteral nutrition had significant shorter gestational length (median 8.0 weeks compared to 9.0 for the fluid/peripheral nutrition group) and greater weight loss at admission (5.0 kg compared to 4.0 kg, $p \leq 0.001$) but pre-pregnant BMI were similar. Enteral nutrition was administered median 5 days (range 0-141) during 13 days in hospital. 46/107 women needed repeated tube placements (2-7) and 58/107 continued nasogastric nutrition after discharge. Patients with < 7 kg weight gain during pregnancy had increased risk of growth retardation (SGA) or birth weight < 2500 g ($p \leq 0.001$). Tube fed women achieved similar degree of weight gain and did not have a higher incidence of preterm birth or SGA than the other treatment groups.

Conclusion. Enteral nutrition by jejunal tube for hyperemesis gravidarum patients is feasible, may be continued after hospital discharge and promotes adequate weight gain without increased pregnancy complications.