

## MotherSafe Prednisone/Prednisolone Advice and Weaning Guide for Hyperemesis Gravidarum (HG)

### DOSE (ORAL):

40-50mg daily for 3-7 days, depending on response, then slowly wean the dose until the lowest effective maintenance dose that controls symptoms is reached – see practice points.

### PRACTICE POINTS:

Aim to wean the dose by 5-10mg every 3-7 days, depending on response, until the lowest effective maintenance dose that controls symptoms is reached, or able to wean completely.

For example:

- If commenced on 50mg daily, aim to wean to 40mg for 3 days, then 30mg for 3 days, then 25mg for 3 days, then continue to wean by 5mg every 3 days until maintenance dose is reached, or able to wean completely if symptoms allow.
- If commenced on 40mg daily, aim to wean to 35mg for 3 days, then 30mg for 3 days, then 25mg for 3 days, then continue to wean by 5mg every 3 days until maintenance dose is reached, or able to wean completely if symptoms allow.
- Once at 10mg, aim to wean by 2.5mg every 3 days.
- Once at 5mg, aim to wean by 2.5mg every 3 days, or by 1mg every 3 days.

Timing of weaning is always individualised. The goal is for the patient to be on the lowest effective dose that controls symptoms. This means that weaning should continue for as long as symptoms are manageable. If symptoms recur to an intolerable level, the dose can be temporarily increased to the previous weaning dose.

### OTHER CONSIDERATIONS:

- Provide a prescription for prednisone/prednisolone 25mg, 5mg and 1mg tablets to allow the dose to be easily weaned, depending on response, using a combination of strengths.
- Increase folic acid to 5mg daily if prescribing steroids in the first trimester.
- Commence a proton-pump inhibitor (PPI) if oral steroids are prescribed.
- Consider thiamine supplementation (either oral 100mg TDS or intravenous) for all women with vomiting or severely reduced dietary intake.
- Discuss risk of glucocorticoid induced adrenal insufficiency (GI-AI), including steroid sick day rules if at high risk. Consider a slower wean from 5mg and measurement of morning cortisol level if at high risk of GI-AI.

### REFERENCES:

- 1) Nelson-Piercy C, Dean C, Shehmar M, Gadsby R, O'Hara M, Hodson K, et al; the Royal College of Obstetricians and Gynaecologists. The Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No. 69). BJOG. 2024; 131(7): e1–e30. <https://doi.org/10.1111/1471-0528.17739>
- 2) Prete A, Bancos I. Glucocorticoid induced adrenal insufficiency. BMJ. 2021 Jul 12;374:n1380. <https://doi.org/10.1136/bmj.n1380>