

# Harmonia Research and Solutions for Nausea and Vomiting in Pregnancy (NVP) and Hyperemesis Gravidarum (HG)



## Research Overview

Harmonia conducted a comprehensive study to evaluate:

- Awareness and experience levels of OBGYNs, Nurse Practitioners (NPs), and Physician Assistants (PAs) regarding NVP and HG.
- Diagnosis and treatment approaches used.
- Barriers, drivers, and willingness to refer patients to specialized HG treatment centers.

### Participants

**15 OBGYNs** and **10 NPs/PAs** interviewed (June–July 2024).

**Regions:** Red Bank, NJ; wider New Jersey; New York and Philadelphia.

Total Patients Treated in 3 Months: **1,277**.

## Provider Understanding & Experience

Metric	OBGYNs	NPs/PAs
Average NVP Patients	64.5% of cases	69% of cases
Average HG Patients	6% of cases	7% of cases
Extensive HG Experience*	73%	80%
Extensive NVP Experience*	80%	100%

**Key Insight:** Providers recognize that **NVP can progress to HG** without intervention, yet diagnosis remains subjective and inconsistent.

\*Self-assessment by provider



## Provider Treatment Approaches

### First Line Treatments:

- **OBGYNs:** 93% prescribe Diclegis (generic), 33% add Benadryl. 6–13% prescribe Zofran/Reglan/Phenergan.
- **NPs/PAs:** 90% prescribe Diclegis, 20% prescribe Zofran/Reglan for severe symptoms.

### Second Line Treatments:

- **OBGYNs:** 93% refer patients to the ER for IV fluids; 33% add Zofran/Reglan suppositories.
- **NPs/PAs:** 90% prescribe Zofran/Reglan; 50% recommend IV hydration.

**Awareness of HELP Score** (HG Severity Tool):

**0%**

of providers knew of the HELP Score

## Emergency Rooms are the Default for Patient Care

### Key Issues

1

#### Underdiagnosis and Inconsistent Treatment

NVP and HG are poorly recognized due to reliance on subjective criteria and lack of protocols.

2

#### ER Dependence

Severe HG cases default to costly, fragmented ER care.

3

#### Provider Burden

Multiple patient visits place strain on providers.

4

#### Need for Education

Providers require training on diagnosis, severity tools (e.g., HELP Score), and treatment pathways.

## Research Highlights

- **OBGYNs** rely heavily on previous experience and subjective criteria for diagnosing HG.
- **NPs/PAs** are more likely to:
  - + Provide emotional support and education for patients.
  - + Follow up regularly and conduct thorough assessments.
  - + Transfer severe HG cases to OBGYNs for management.

### KEY TAKEAWAY

**100%**

of providers support specialized treatment centers like Harmonia and are willing to refer patients.



## Harmonia's Specialized Care Model

### Comprehensive Outpatient Care:

- IV fluids, antiemetics, lab management, and behavioral telehealth.
- **Reduces ER visits by 95% and care costs by 90%.**
- Spa-like environment for improved patient compliance and outcomes.

### Provider Collaboration:

- Seamless EHR integration for efficient referrals and updates.
- Referring providers receive detailed treatment summaries.

### Targeted Support for Vulnerable Patients

- Affordable care pathways for Medicaid patients.
- Reduces co-pay burdens.



## Impact and Outcomes



### For Patients

**94% reduction in financial burden, improved maternal and fetal health, reduced hospitalizations.**



### For Providers

**Reduced clinical and administrative burden, enabling focus on other patients.**



### For Healthcare Systems

**Streamlined, cost-effective care reduces ER strain.**

## Conclusion

Harmonia offers an innovative, provider-supported solution for NVP and HG:

- Comprehensive, affordable care.
- Seamless collaboration with referring providers.
- Proven outcomes in reducing costs and improving patient health.



**100%**

of providers endorse Harmonia's approach for better patient care.