



Memorandum

To: JMS, SMS, WEC, NUM Gynae ward, U/S

From: Chris Bayly

Subject: Changes to **ectopic pregnancy CPG** and clarification of **medical referral** for women with **miscarriage or ectopic pregnancy**

Date: 29th July 2008

Early Pregnancy Assessment Service

The Early Pregnancy Assessment Service (EPAS) operates as a midwife run assessment service, supported by ultrasound diagnostic services, for well, stable women (others go directly to the Women's Emergency Centre). Women are cared for in accordance with established CPGs and are referred for medical management when they need surgical or inpatient care or if their clinical course deviates from the CPG. This is usually undertaken by the receiving gynaecology team.

CPG: Ectopic Pregnancy and Methotrexate Treatment Record

These documents have been revised to support adequate clinical review of women with possible or confirmed ectopic pregnancy, bearing in mind that a risk of bleeding and rupture persists following treatment with methotrexate or salpingotomy. The revised documents are being prepared for posting on the website.

Key issues:

- all women with ectopic pregnancies, however treated, should be entered on the ectopic register (leave message with name and UR on EPAS extension 3643)
- ectopic register to be overseen and reviewed by Gynae 1 registrar, in conjunction with EPAS midwives
- all post methotrexate patients to have day 4 and day 7 clinical review by gynaecology registrar, (usually Gynae 1 registrar [for continuity]), alternatively the receiving registrar;
 - only after day 7, when clinical findings and test results are resolving satisfactorily, will follow up be handed over to the early pregnancy assessment service.
- after diagnosis, monitoring of ectopic pregnancy should include careful attention to **changing symptoms and signs**, which should be considered in conjunction with test results. In particular, repeat ultrasound examination is generally less helpful than clinical examination and bleeding or rupture may occur despite apparently satisfactorily falling HCG levels.
- following resolution of the ectopic pregnancy, all women should be offered review in the post-op gynaecology clinic, to discuss longer term fertility implications and potential need for (in)fertility assessment and/or contraception.

Medical referral after diagnosis in EPAS

Women who need medical review following a diagnosis made in EPAS should generally be reviewed by O&G registrars, not Women's Emergency Centre medical staff, although such review may take place in the WEC.

Ectopic pregnancy

Women diagnosed with ectopic pregnancy will be acutely managed by the receiving team of the day as currently, for methotrexate or surgery. They will remain a patient of that team until resolution of the ectopic.

In order to improve continuity, medical follow up of women with ectopic pregnancy will be undertaken as far as possible by the Gynae 1 registrar, who will monitor the 'ectopic register'. Women will normally be seen by the Gynae 1 registrar on days 4 and 7 after methotrexate. Once women are clinically well with satisfactorily falling HCG levels, further review will be undertaken by EPAS midwives, with referral for medical review as indicated.

EPAS midwives will consult with the Gynae 1 registrar to coordinate the visits. On Monday, Tuesday and Friday these visits are likely to be in the WEC and Wednesday afternoon in Gynaecology Clinic. On Thursday and weekends they will usually be undertaken by the receiving gynaecology registrar. If the Gynae 1 registrar is unavailable for any reason, the receiving registrar will review the woman. On occasion it may be appropriate for the registrar to contact a woman by telephone to discuss results. Over time we will explore safe alternative follow up plans for women who prefer not to travel to the Women's.

Women needing review acutely will present to the WEC as usual and be assessed and provided with urgent care as appropriate. Direct review by the receiving team/gynaecology registrar will usually be necessary.

Consultant review

Where consultant review is needed, for example persistent or recurrent symptoms after methotrexate or postoperative complications, the consultant gynaecologist under whose care the initial decision was made (methotrexate/surgery/conservative) will be contacted in the first instance. If that consultant is unavailable or unable to be involved, the receiving consultant of the day will be contacted about continuing care.

Miscarriage

Generally when a woman decides on surgical treatment for miscarriage (after discussion of expectant and surgical options), she will be given information, be booked for the following day's list and be seen and formally consented by the receiving team on the morning of the procedure.

If a woman has a definite or probable miscarriage and has a medical complication which may affect the choice of treatment options and/or medical or anaesthetic risks, she should be referred to the receiving gynaecology registrar, who will discuss and oversee treatment, until handed over to the doctor/team who will undertake or continue treatment. This medical assessment and care should not be left to WEC doctors, who are not expected to undertake 'clerking' or consent-taking duties for these patients.

Threatened miscarriage

If a woman presents with a threatened miscarriage and has a continuing pregnancy with an obstetric complication, for instance a decision about anticoagulation is required, she should be referred to the obstetric registrar for her team.