

Early Pregnancy Problems in Women's Health Unit Patients: Guideline



TARGET AUDIENCE	Secondary care and Primary care
PATIENT GROUP	All women with a positive pregnancy test up to 11+6 weeks of gestation.

Clinical Guidelines Summary

Women attending the Women's Health Unit often present with complications of early pregnancy. Subsequent management of the patient should take place within the Early Pregnancy Assessment Service until viability is established, in which case the patient is referred back to WHU or to community midwife according to her preference, or the pregnancy concludes.

This guideline outlines initial management and escalation pathway for the following scenarios:

- 1. Empty uterus**
- 2. Suspected miscarriage**
- 3. Suspected ectopic**
- 4. Suspected molar pregnancy**

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Guidance if women present to the Women’s Health Unit with the following:

1. Empty uterus
2. Suspected miscarriage
3. Suspected ectopic
4. Suspected molar pregnancy

INTRODUCTION

Women who attend the Women’s Health Unit (WHU) and have concerns about health in early pregnancy or have early pregnancy problems diagnosed, will often require further investigations and treatment via the Early Pregnancy Assessment Service (EPAS).

GUIDANCE IF EMPTY UTERUS

- Women with an empty uterus on transabdominal scan (TAS) should proceed to have a transvaginal scan (TVS) within WHU.
- If the uterus is empty on TVS and there are no signs of intra- or extra-uterine pregnancy, then assess likelihood of early gestation, ectopic pregnancy, miscarriage.
- If the woman is asymptomatic, take blood for serum b-hcg measurement.
- If the level is <1000IU/ml, arrange follow-up appointment for serum b-hcg measurement within WHU.
- If the level is >1000IU/ml, treat as pregnancy of unknown location and refer patient to EPAS. Explain to the patient that an early pregnancy problem is suspected and she needs further investigation and possible treatment in the EPAS unit. Manage as per the Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline.
- If the patient is symptomatic, the patient should be referred to EPAS regardless of the bhcg level, for assessment by the on-call team as per the Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline.
- If subsequent investigations reveal an ongoing viable pregnancy, offer the woman the choice of returning to the WHU for further management or referral to the community midwifery team if she wishes to continue the pregnancy.

GUIDANCE FOR SUSPECTED MISCARRIAGE

- Women may present to WHU with bleeding or have a scan suggestive of missed, complete or incomplete miscarriage.
- If TAS scan is inconclusive, offer a TVS.
- If the uterus is empty, manage as for guidance for empty uterus as above.

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- If there is a fetal pole >7mm and no fetal heart, manage as for suspected missed miscarriage and refer the patient to EPAS. If possible confirmation scan to be performed on the same day to allow management options to be discussed. If not, follow-up scan appointment to be given in EPAS and subsequent management planned accordingly.
- If there is a fetal pole <7mm and no fetal heart, inform woman of possible miscarriage and offer her a rescans in WHU in seven days or proceed to termination. If no progress in the pregnancy in the interval scan, refer to EPAS for confirmation and management of miscarriage.
- If there is evidence of an incomplete miscarriage or retained products of conception, refer the patient to EPAS and follow guidance in the Miscarriage guideline.

GUIDANCE IF SUSPECTED ECTOPIC PREGNANCY

- If ectopic mass seen on TAS or empty uterus, offer woman a TVS to confirm.
- If ectopic pregnancy suspected on TVS, refer the woman as an emergency to EPAS. The woman should be rescanned as a priority with non-urgent reassurance scans being rearranged if necessary.
- The woman should be investigated and managed in EPAS according to the Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline.

GUIDANCE IF SUSPECTED MOLAR PREGNANCY

- If molar pregnancy is suspected on TAS and/or TVS, the patient should be referred for further investigation and management to EPAS.
- The patient should be managed according to the RCOG Greentop Guideline no 38, The Management of Gestational Trophoblastic Disease.

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References/Evidence

1. Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE NG126, 2023.
2. Management of gestational trophoblastic disease. RCOG GTG 38, 2020.

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Appendices

1. Governance information for Guidance document

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CONSULTATION AND DISTRIBUTION RECORD	
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Distribution	Midwives, sonographers, trainees, consultants working in EPAS. All consultants in obstetrics and gynaecology. The maternity clinical effectiveness group.

CHANGE RECORD

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