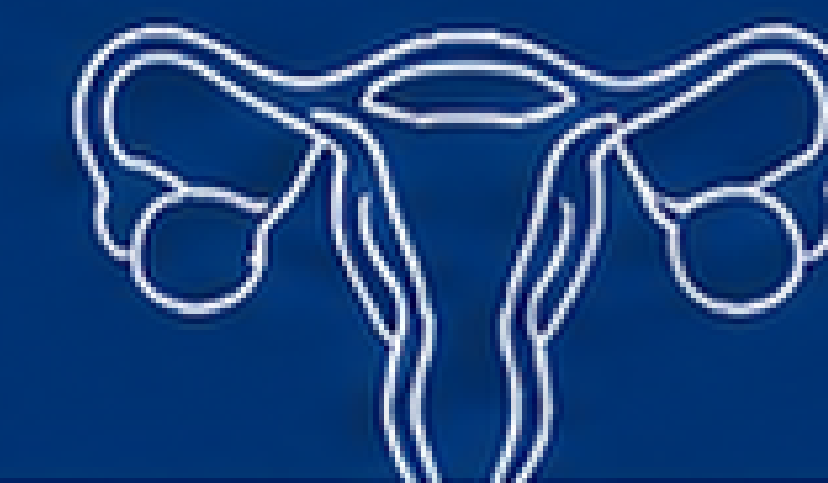




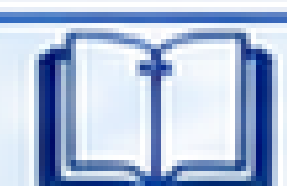
Reducing unnecessary follow-up in pregnancy of unknown location: a quality improvement project in an early pregnancy unit



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INTRODUCTION

- Pregnancy of unknown location (PUL) is common in Early Pregnancy Units and often leads to serial beta-hCG testing and repeated ultrasound to exclude ectopic pregnancy.
- Some very early intrauterine pregnancies show an intrauterine anechoic area with a double decidual sac sign (DDSS) but no yolk sac or fetal pole, and may be misclassified as PUL.
- This misclassification results in unnecessary investigations, increased workload, and significant patient anxiety.



METHODS

- Prospective follow-up quality improvement project in an Early Pregnancy Unit.
- Women initially classified as PUL but showing an intrauterine anechoic area with DDSS and no yolk sac at first scan were identified.
- A total of 134 patients were followed to determine final outcomes.

QUALITY IMPROVEMENT INTERVENTION

- 1 Identify suspected PUL with intrauterine anechoic area + DDSS
- 2 Reclassify as probable early intrauterine pregnancy
- 3 Avoid serial beta-hCG measurements
- 4 Arrange follow-up ultrasound in 1–2 weeks

Figure 1. QI intervention pathway



RESULTS

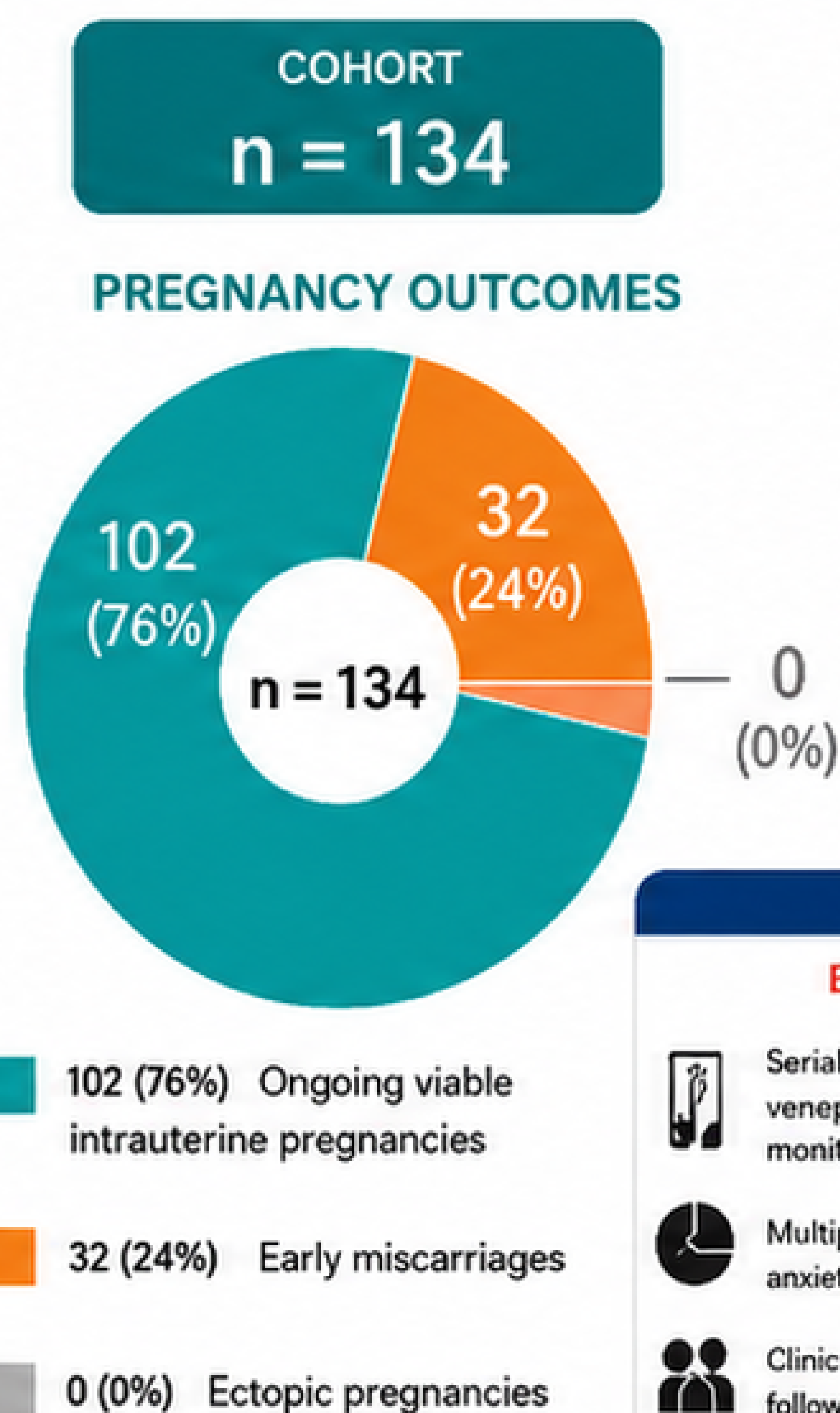
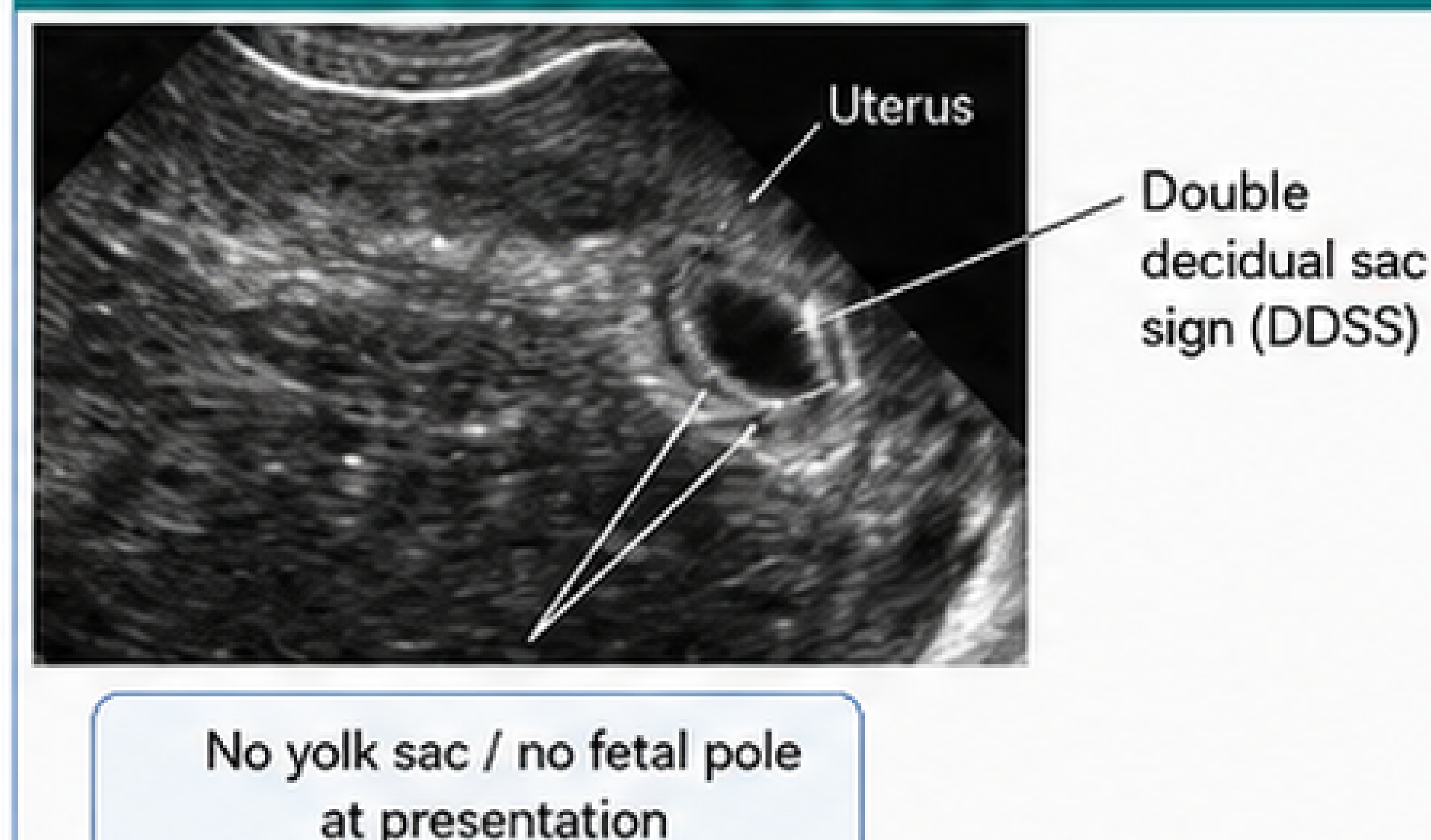


Figure 2. Pregnancy outcomes

EARLY SONOGRAPHIC APPEARANCE OF PROBABLE EARLY IUP



IMPACT ON FOLLOW-UP BURDEN

BEFORE INTERVENTION

- Serial or repeated weekly venepuncture + beta-hCG monitoring 12–14
- Multiple repeat scanning anxiety / patient time in EPU ~50%
- Clinic workloads & follow-up visits High
- Patient experience Higher anxiety, poor wish

AFTER INTERVENTION

- Significant reduction in beta-hCG testing ↓
- Early IUP appropriately reclassified ↑
- Reduced clinic workload and follow-up visits ↓
- Improved patient experience ↑

Figure 3. Impact on follow-up burden



DISCUSSION

- Recognition of DDSS in the presence of an intrauterine anechoic area allows reclassification of many very early pregnancies as probable early intrauterine pregnancies.
- This approach avoids unnecessary serial beta-hCG testing and invasive monitoring.
- It decreases service burden and follow-up visits, optimizing use of resources.
- It reduces anxiety and improves patient experience.
- No ectopic pregnancies were identified in this cohort, supporting the safety of this criterion when appropriate follow-up ultrasound is arranged.



CONCLUSION

Early identification of intrauterine anechoic areas with DDSS can **safely distinguish** probable early intrauterine pregnancies from PUL. Implementing this criterion **reduces unnecessary investigations, optimizes resource utilization, and improves patient care** without compromising safety.



KEY TAKE-HOME MESSAGE



1 Recognize DDSS early



2 Reduce unnecessary beta-hCG follow-up



3 Improve patient care and workflow