

Management of ectopic pregnancy during the first year of Covid-19 pandemic

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Objectives:

The aim of this audit was to understand the impact of lockdown restrictions on management of ectopic pregnancy at Broomfield Hospital Early Pregnancy (EPU) services during the first year of pandemic.

Methods:

We analysed retrospectively data between March 2020 and April 2021. We used for data collection EPU records, electronic patient system, pharmacy and histology reports. 36 cases referred as ectopic pregnancy were recorded in EPU. We used a confidential survey to understand the impact pandemics had on EPU staffing.

Results:

It was noted that 14 out of 36 patients accessed EPU via GP, 5 used the self-referral process while 17 have presented as ward attenders. The first pandemic year had three periods of lockdown. In all three occasions the data shows a pick in the number of cases at the beginning of the lockdown followed by a sharp decrease in cases afterwards. It is unclear if this was caused by a reduction in number of cases or local patients accessing different hospitals. It will be beneficial to compare local data with national statistics.

Data analysis concluded that 33.4% of patients presented with both vaginal bleeding and pain, 16.7% had pain as their main symptoms, 8.4% presented only with vaginal bleeding, 5.4% presented due to significant gynaecological history of previous ectopic and 36.1% had none or a combination of the above symptoms. 80% of patients had a confirmed ectopic pregnancy diagnosis following first clinician review while 20% were labelled and managed as PUL by monitoring serial bHCG. From 28 cases confirmed ectopic pregnancy, 21% were managed conservatively, 25% medically and 54 % had surgery. From the 14 cases managed surgically, 78.5% had laparoscopic salpingectomy of the affected side and from the remaining 2 cases (21.5%) one was a cervical ectopic, the other had laparoscopic salpingostomy. Medical management included one dose of Methotrexate in 71% of cases while 29% required a second dose. All the six cases managed conservatively did not require surgery.

Staff survey highlighted the negative impact of pandemic on EPU services. The changes of EPU location and redeployment of staff were the main contributing causes that caused disruption of EPU service.

Conclusion:

We managed non-surgically 46% of ectopic pregnancies. The dedication and resilience of EPU staff has made possible non-surgical management of ectopic pregnancy, especially in a period with restrictions imposed by the Covid-19 pandemic.

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