

Pregnancy of unknown location (PUL): lessons for juniors from the COVID-19 pandemic

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INTRODUCTION

The gynaecology assessment unit (GAU) at University Hospitals Leicester (UHL) was temporarily restructured in 2020 during the COVID-19 pandemic

Foundation and GP trainees were redeployed to other specialties

O&G registrars supported the obstetric workload

Early pregnancy nurses became supported exclusively by consultants

OBJECTIVE

Compare the management of PUL in Early Pregnancy Assessment Unit (EPAU) and GAU with existing UHL and NICE guidance

➤ more standardised and streamlined practice

January 2020
Before pandemic

June 2020
During pandemic

METHODOLOGY

Data source: All patients with PUL from EPAU

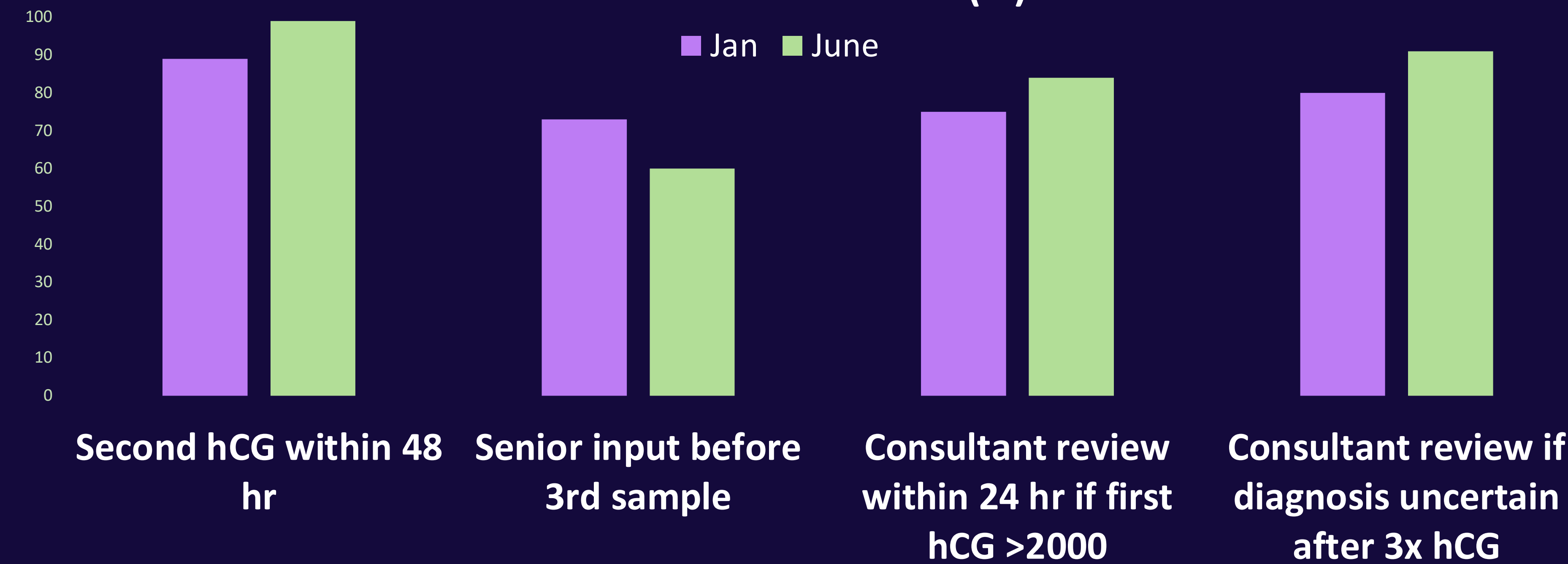
(handwritten diary of patient details)

Sample population: 74 (Jan 2020); 71 (June 2020)

Data collection method: retrospective
3 data collectors - online proforma
Single person analysis (Microsoft Excel)

RESULTS

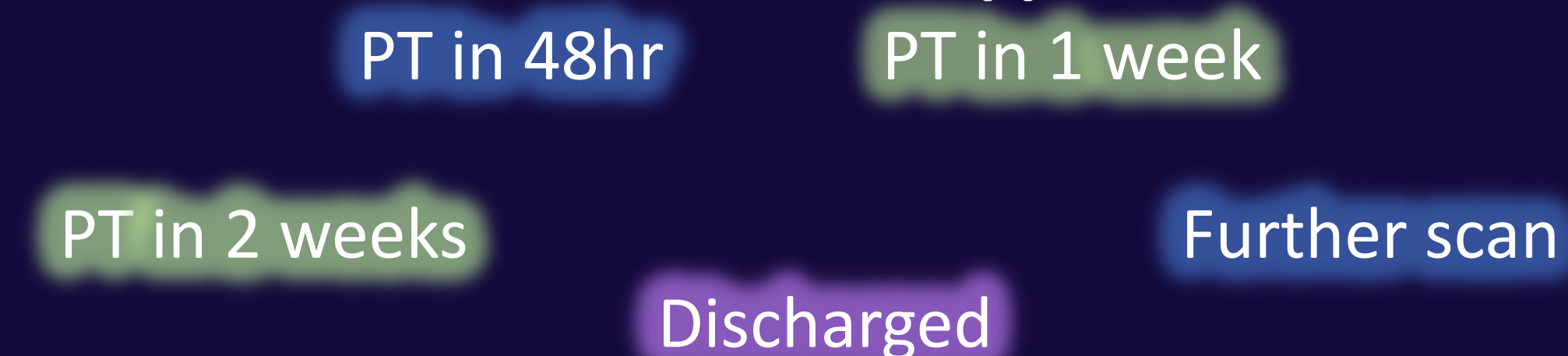
Guideline adherence (%)



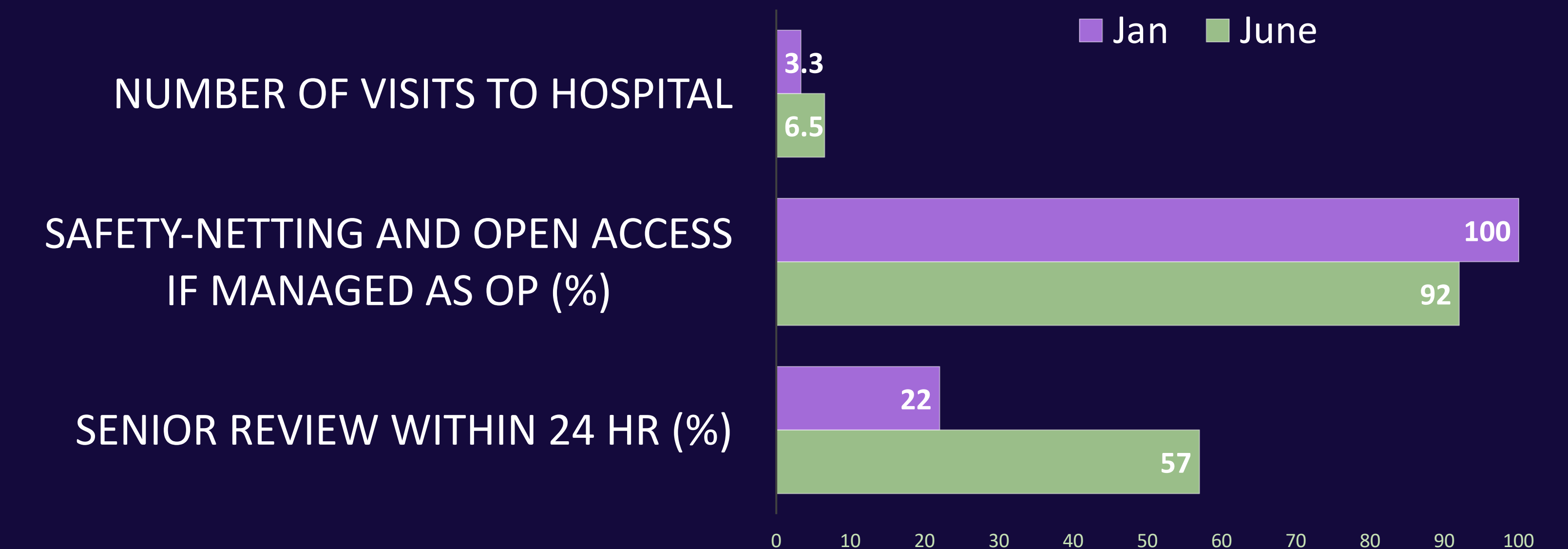
Patients managed conservatively for failing PUL

What should happen:
serum β hCG after 1 week; then urine pregnancy test after 3 weeks OR weekly β hCG monitoring until <20 iu/l

What *did* happen:



High risk patients: suboptimal rise (<63%) or fall (<50%) in β hCG



Patients with suboptimal rise/fall in β hCG labelled (*incorrectly*) as failing PUL:

Jan: 47%

June: 42%

Methotrexate

- Given only after 3x static β hCG in all patients
- All patients counselled on alternative options

CONCLUSIONS

- We are safe
- We could be more efficient
- Senior review occurred more readily during the pandemic
- Underpowered to assess use of methotrexate
- We are good at safety-netting
- Follow up of patients managed conservatively for PUL is haphazard

High handover rate – DOCUMENTATION....DOCUMENTATION....LITIGATION

ACTION PLAN

- **CHANGE** admission proforma: include percentage change in β hCG to aid classification; named senior doctor involved in management
- **DECIDE:** Is consultant review *always* needed within 24 hours? Simpler follow up for patients managed conservatively?

Suboptimal rise/fall in β hCG = less than 50% fall or less than 63% rise