

Management of pregnancy of unknown location at Early pregnancy unit

ManHo, Kwok, Laruen Flynn, Aris Makris

Calderdale and Huddersfield Hospitals NHS Foundation Trust

Objectives:

i) To identify the number of pregnancies of unknown location cases (PUL) diagnosed – who had an empty uterus on Ultrasound scan with a positive pregnancy test. ii) To compare the standard of care and management plan against the current local and royal college of obstetricians and gynecologists’ guidelines.

Design:

Early pregnancy units (EPU) are widely established in the UK, to receive referrals for general practitioners, accident and emergency department or the woman herself, to treat women with early pregnancy problems, such as miscarriages, ectopic pregnancies, hyperemesis and PUL, so on and so forth. Therefore, the importance of diagnosing pregnancy unknown location with subsequent follow ups to have a definite diagnosis after either further ultrasound assessments or blood tests.

Compliance

	Standard	Compliance	Total number of new referrals in Jan	Total number of new referrals in Feb
PUL rate	<15%	9%	292	300
Information leaflet given to patient	100%	34%	DNA/ Cancellation	DNA/ Cancellation
2 hcg's 48 h apart	100%	96.4%	18	17
Senior input when indicated	100%	100%	Empty slots not used	Empty slots not used
Rescan afer the 2 hcg thresholds	100%	100%	8	3
Patient achieved a final diagnosis	95%	100%	Total number of EPAU slots	Total number of EPAU slots
			341	325

PUL %: 9% (national average: 15%)

Results:

Diagnosis

Ectopic	6(3 had laparoscopy)	10.70%
Miscarriage	23	41.10%
Viable	9	16.10%
Failed PUL	8	14.30%
Persistent PUL	1	1.79%
Failed to attend	2	3%
PT -ve	7	12.50%

In this study, the capture rate was 100%. There were 592 cases of new referrals made to EPU. 56 (9%) cases were found to be PUL (25 (44%) in January and 31 (56%) in February). All of them had an ultrasound assessment after initial referral. Only 31(55%) patients received patient information leaflet after initial diagnosis. 49 of them had a HCG (human chorionic gonadotrophin) blood test. Out of the 49, 27 (55%) had 2 blood test 48 hours apart, and 17 (34%) had three blood tests. Consultant input is required if patients need three HCG blood tests of more, and all of them had a consultant review /consultant ultrasound scan.

According to the guideline, re scan should be performed if serum HCG > 3000 or >1500 with symptoms like abdominal pain. 8 patients falls into this category, and 100% had a re-scan.

Out of the 56 patients, the final diagnosis was made to all(100%) of them. There are 6(10.7%) patients with ectopic pregnancy, 23(41.1%) miscarriages, 9(16.1%) viable pregnancies, 8(14.3%) failed PUL without medications, 1(1.8%) persistent PUL, 7(12.5% with negative pregnancy tests, and 2(3%) failed to attend follow ups.

Conslusion:

Our findings highlighted that good care provided to patients with PUL. All patient achieved a final diagnosis. As a unit, our pregnancy location rate is less than the national standard (15%). Further staff training or performa development required to give out patient information leaflet improve quality of care. Overall, there is a good standard of care noted.