



Early Pregnancy Reassurance Clinic

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Introduction

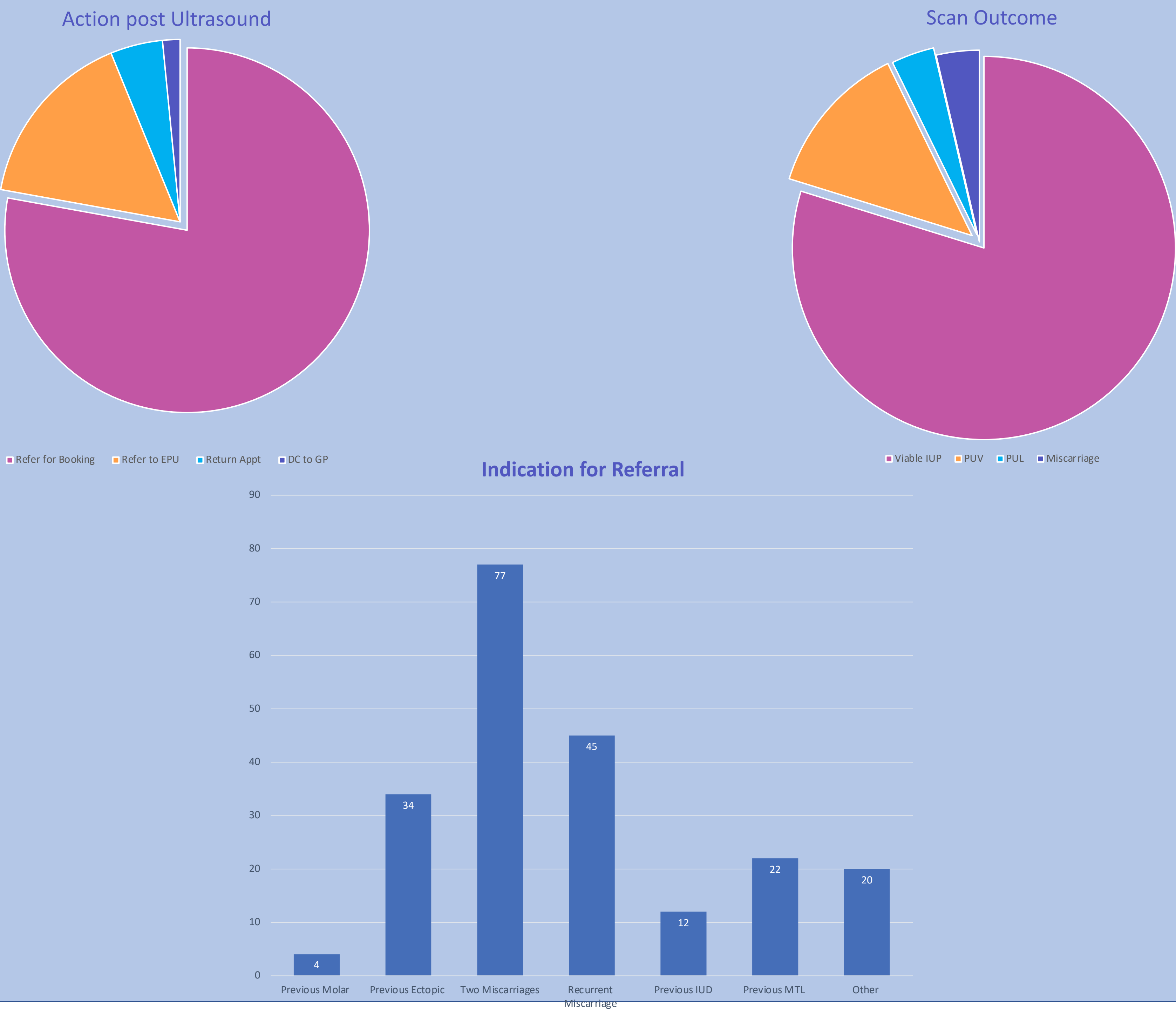
The Reassurance Clinic is an ultrasound list held in the Early Pregnancy Department of the Rotunda Hospital. It aims to provide an early pregnancy scan to women with significant obstetric histories to give reassurance and relieve anxiety that can insure while waiting for their booking ultrasound. Indications for referral include a previous molar pregnancy, previous ectopic pregnancy, previous still birth or mid-trimester miscarriage, two previous miscarriages or recurrent miscarriage. For those with a history of ectopic or molar pregnancy, we aim to scan them by 7 weeks gestation. Women with two or more previous miscarriages we aim to scan by 8 weeks gestation. Reassurance scanning lists are held every Friday afternoon for up to 10 patients. We performed a quantitative retrospective audit on the Reassurance Scan lists preformed over a 6 month period from July to December 2020.

Results

There were 205 appointments for Reassurance Lists from July – December 2020, 195 patients were scanned and 10 patients did not attend. Wait time from referral ranged from 1 – 42 days, with a mean and median of 15 days. Referral source was GP in 36.9% (n=72), self referral in 38.5% (n=75), Rotunda in 24.6% (n= 48). The category ‘Other’ under indication included: Previous salpingectomy, patient who was a surrogate for her sister with a history of recurrent MC, previous placental abruption, 1 previous MC, previous T18, Failed IVF x4, previous MC and significant PNMH history, previous neonatal death, previous oophorectomy, blocked fallopian tube, tubal damage, previous myomectomy, IVF pregnancy. A live birth in hospital occurred in 75.9% (n=148) of patients. Gestation at reassurance ultrasound ranged from 5+3 – 12+4 weeks gestation, with a mean of 7+7 and median of 7+6. Gestation at delivery ranged from 32+5 to 41+4, with a mean of 29+1 and median of 38+5.

Aims

- Identify the number of women being scanned in the Reassurance Clinic over a six month period
- To assess indications for referral for reassurance scan
- To establish the incidence of each indication for referral
- To assess the outcomes from our reassurance cohort
- To identify areas for improvement to the service



Methods

- Audit approval was obtained from the Rotunda Clinical Audit Committee on 30/09/21, reference number 21_046
- Patient lists for the Reassurance clinics were obtained from the Early Pregnancy Department for the period July to December 2020
- A data collection proforma was prepared
- A retrospective electronic chart review was performed using MN-CMS
- Data was collected and analyzed using Microsoft Office with the assistance of the Clinical Audit Department

Conclusion

Wait time from referral to US appears long for some patients. This is to ensure they are at an appropriate gestation for scanning, avoiding the anxiety of PUV. This was achieved for the majority of patients with our mean scan gestation 7+6.

Referral source was evenly dispersed between GP, self and Rotunda in house referrals. 10% (n=20) of referrals did not meet our criteria, however each was for a significant reason and warranted Ultrasound. 80% (n=154) of patients had a Viable IUP following US, with 75.9% (n=148) going on to have a live birth in hospital.

Overall this has shown to be a highly valuable service to women. Reassurance clinics have saved these women having to attend the EPAU where they are surrounded by other women experiencing miscarriage or ectopic pregnancy and reliving traumatic personal experiences.

Ultrasound has advantages but also contributes to the increased medicalisation of pregnancy, uncertain decision-making, and parental anxiety. However, in this case we are looking at a cohort of high risk women making reassurance much more pertinent and relevant than in a low risk pregnancy. While reassurance is limited in accuracy, time, and conditions screened for the purpose of these scans is to confirm location and viability.