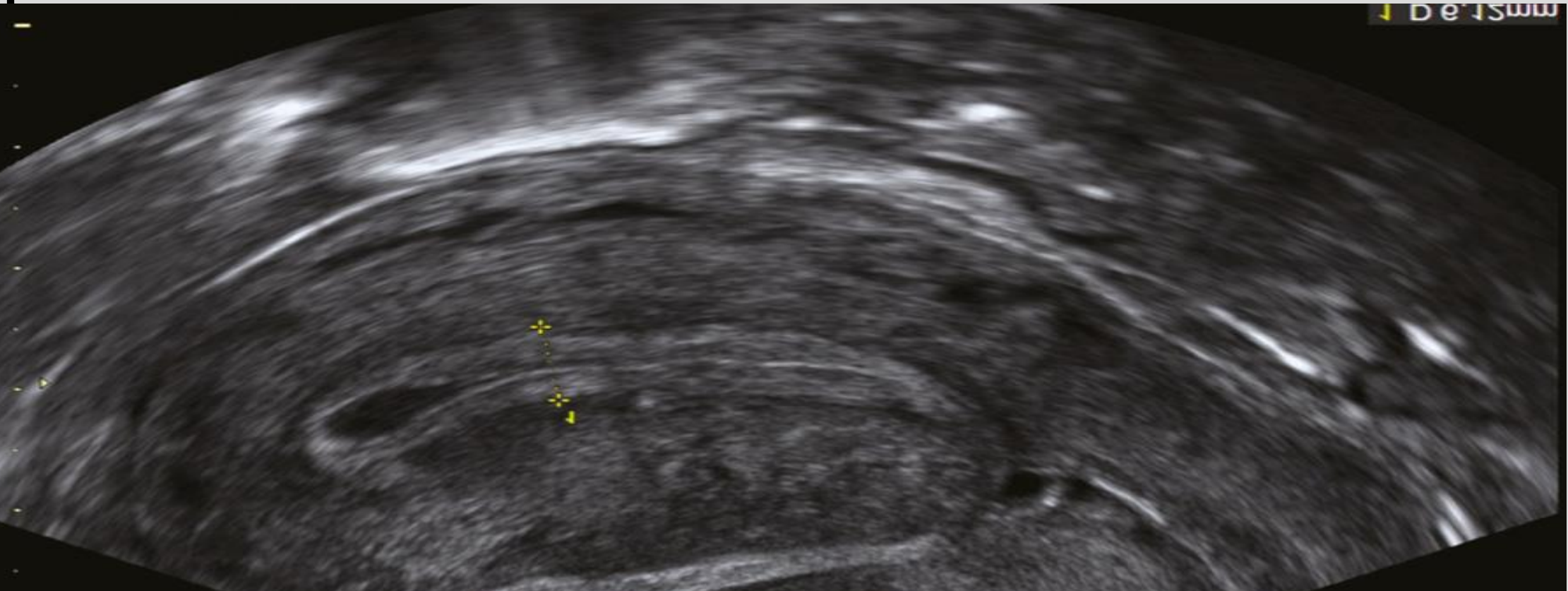


Objective: Service review of the management of patients with pregnancy of unknown location (PUL) presenting at the gynaecological assessment unit

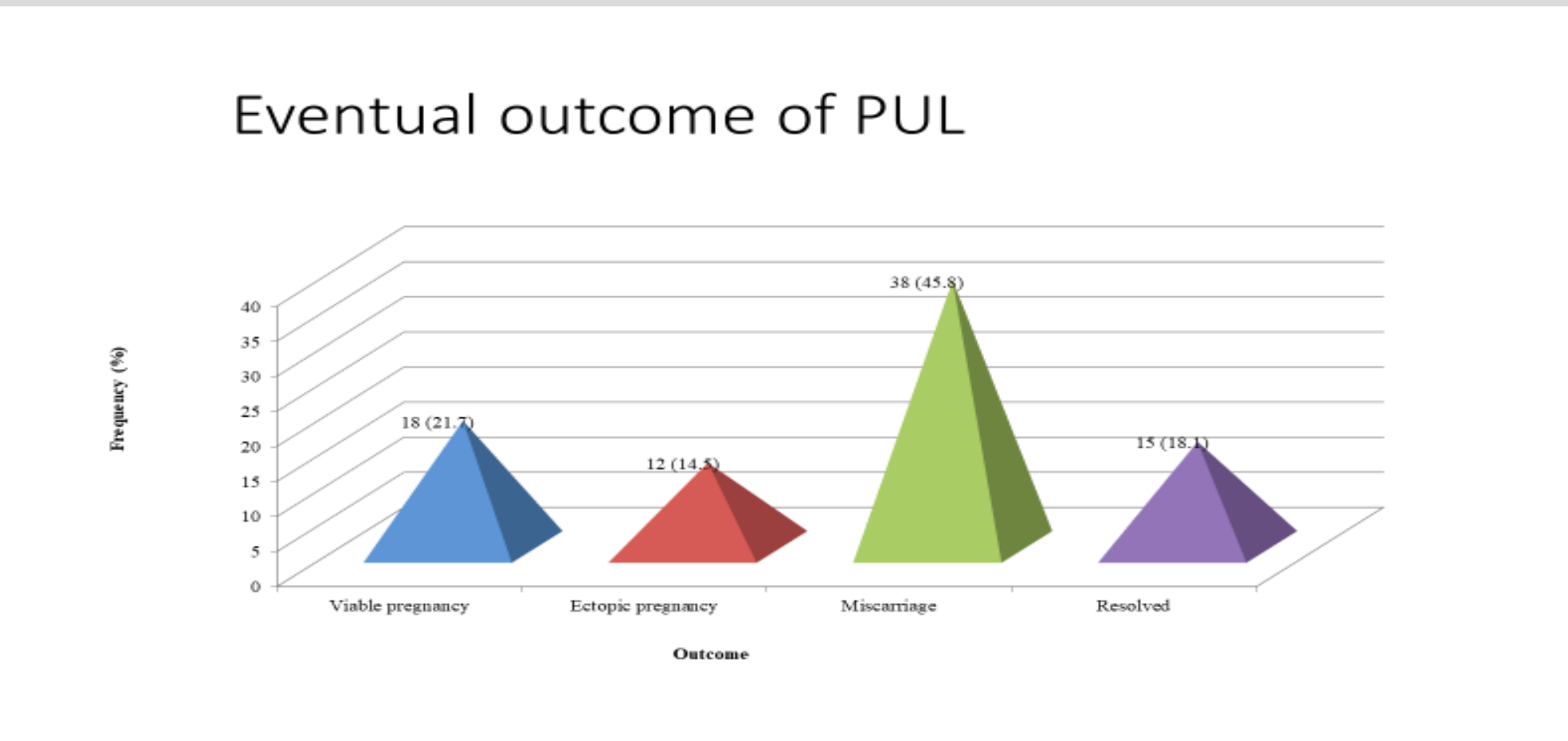
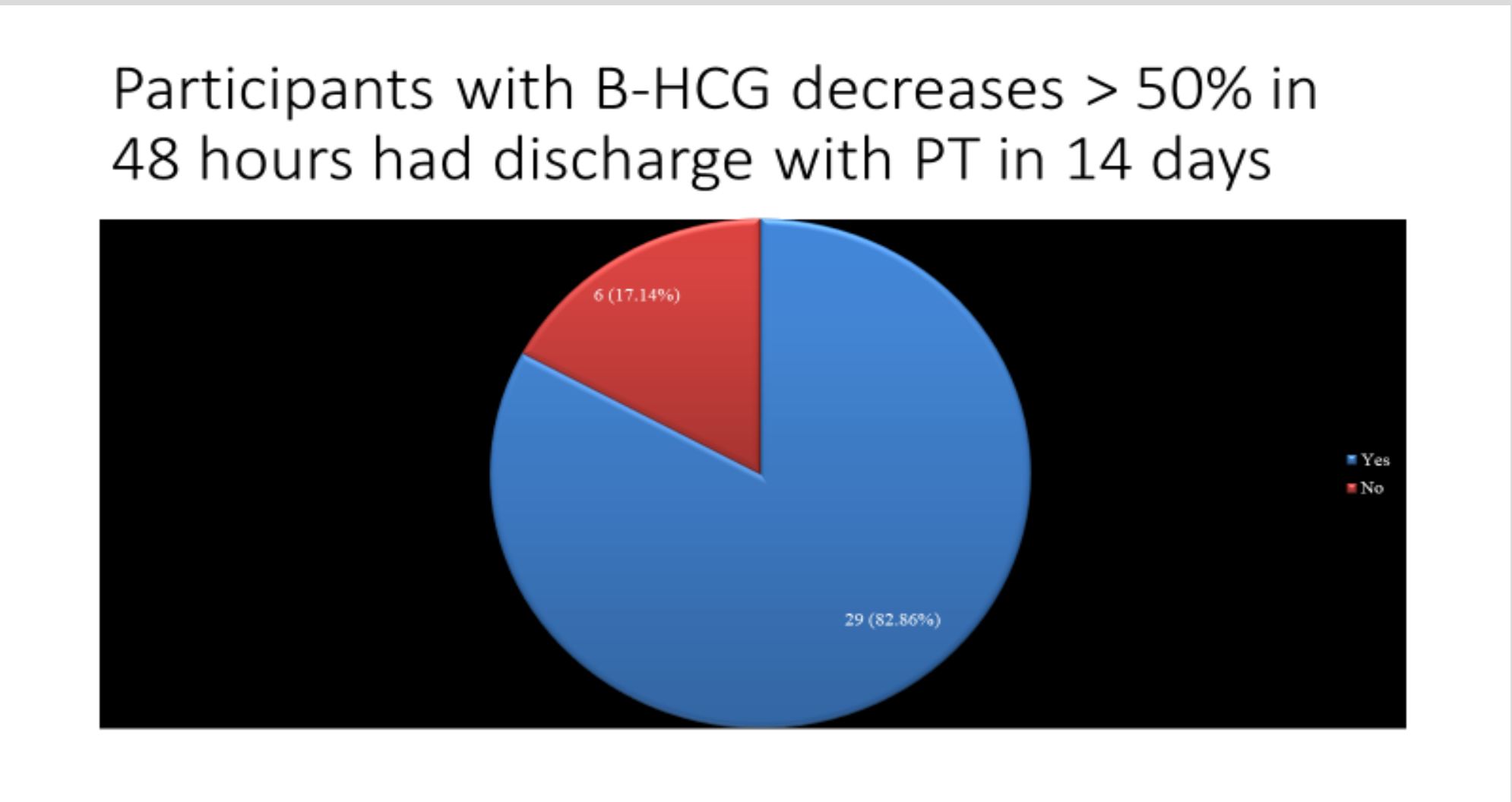
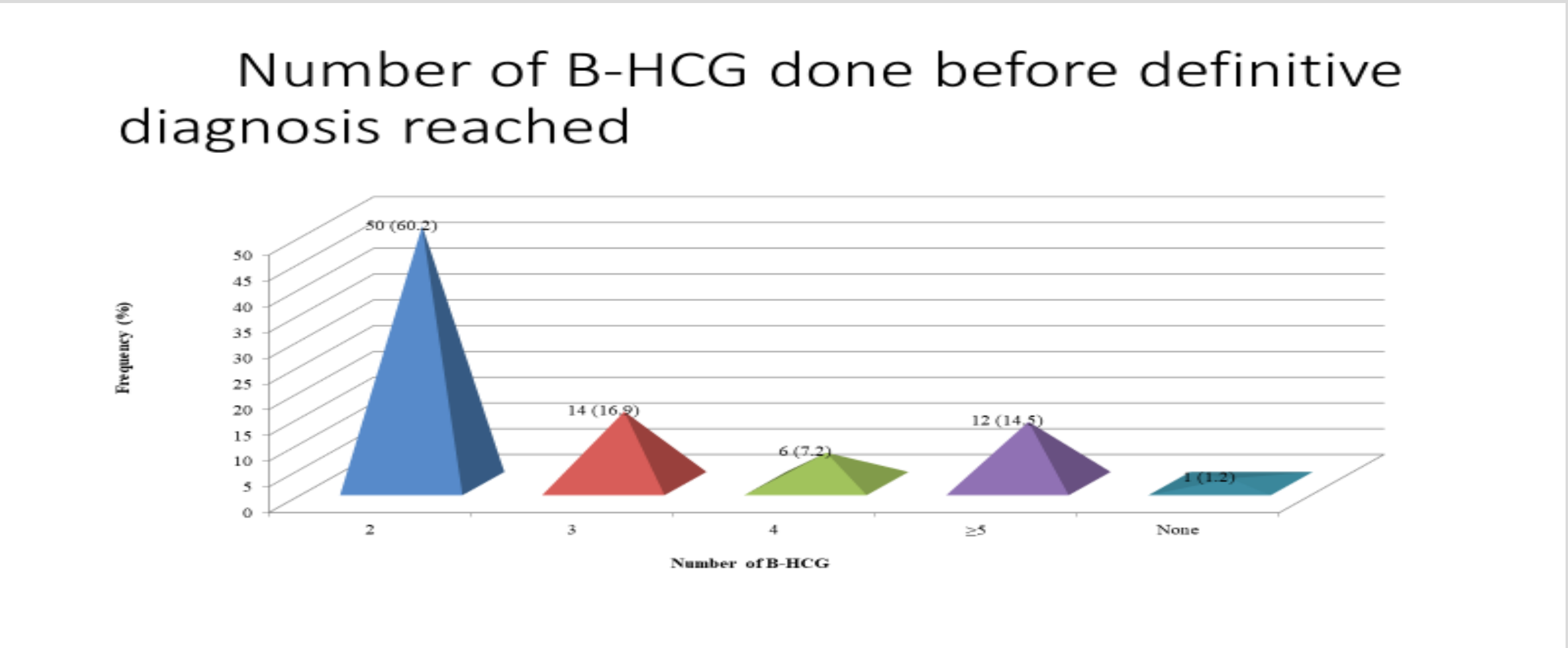
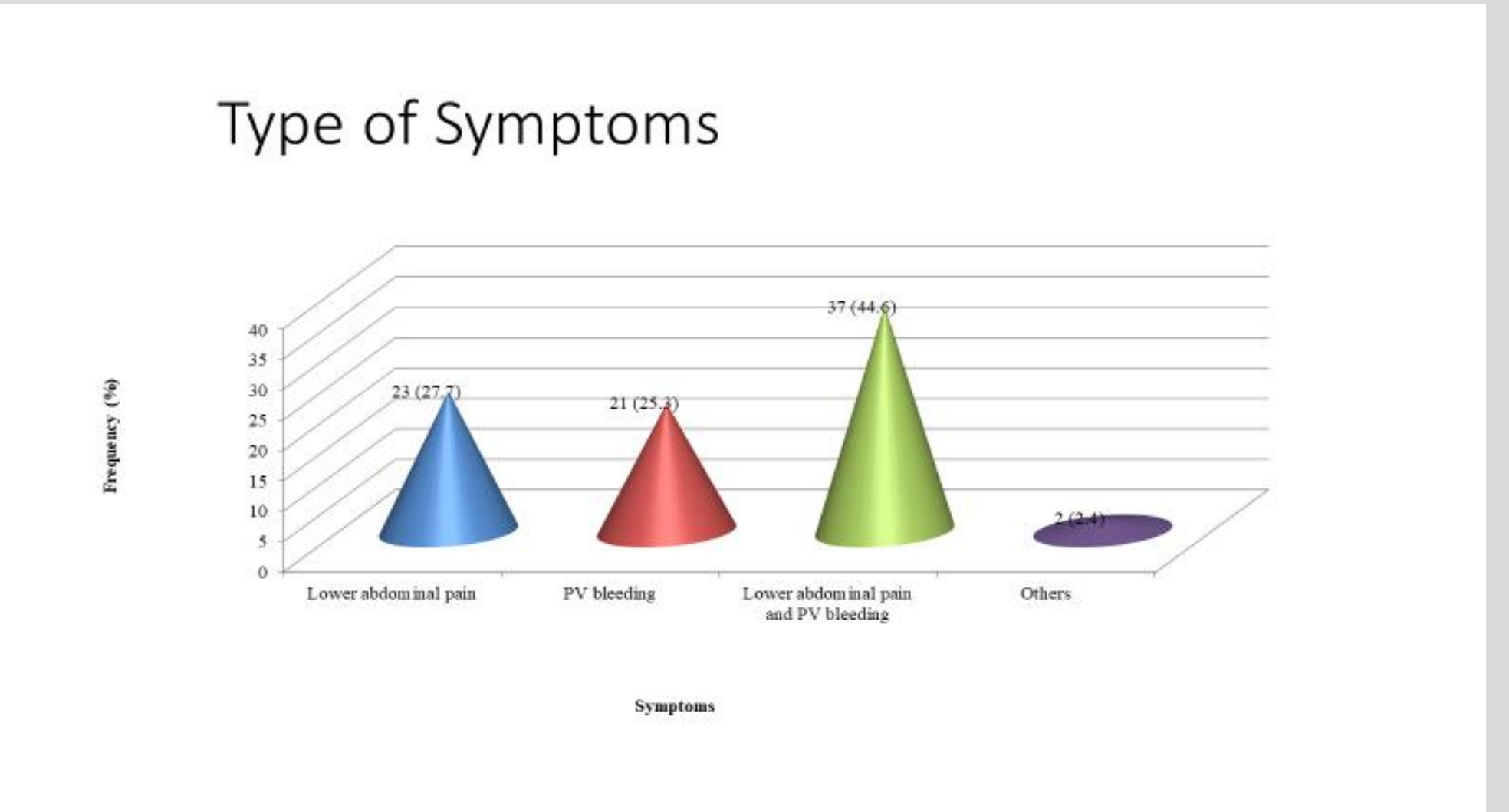
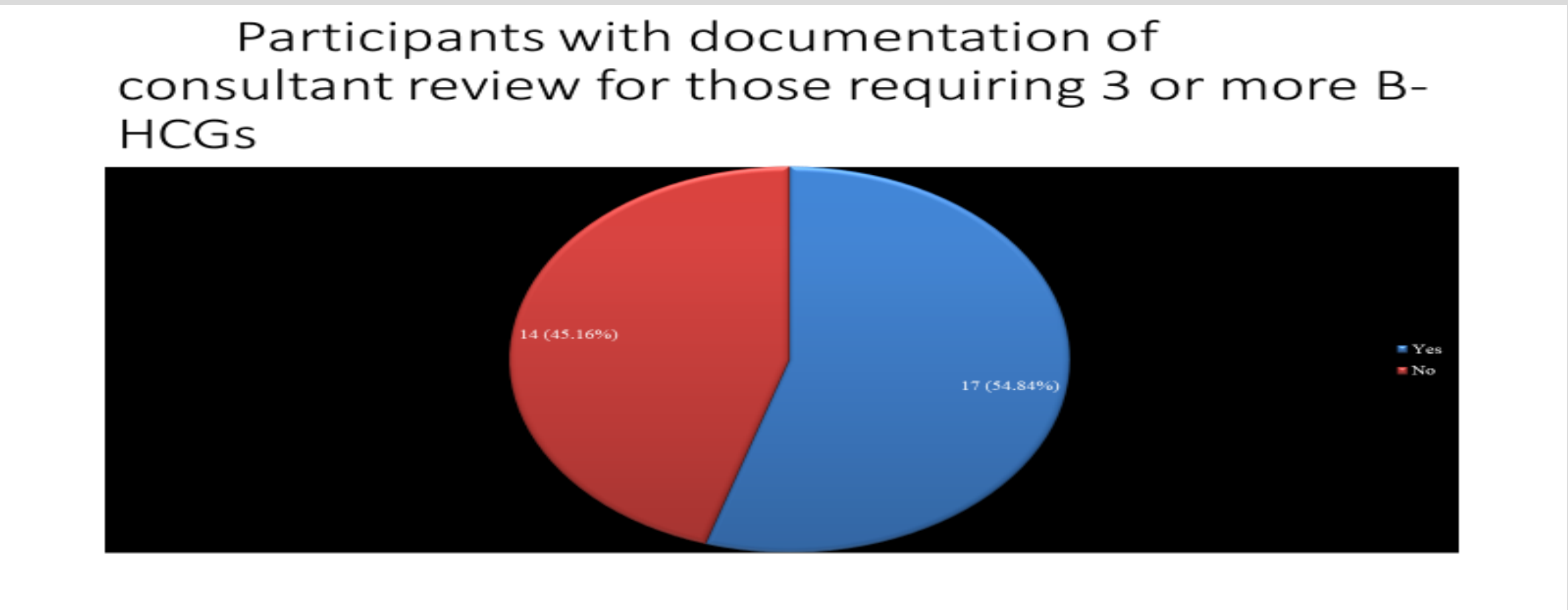
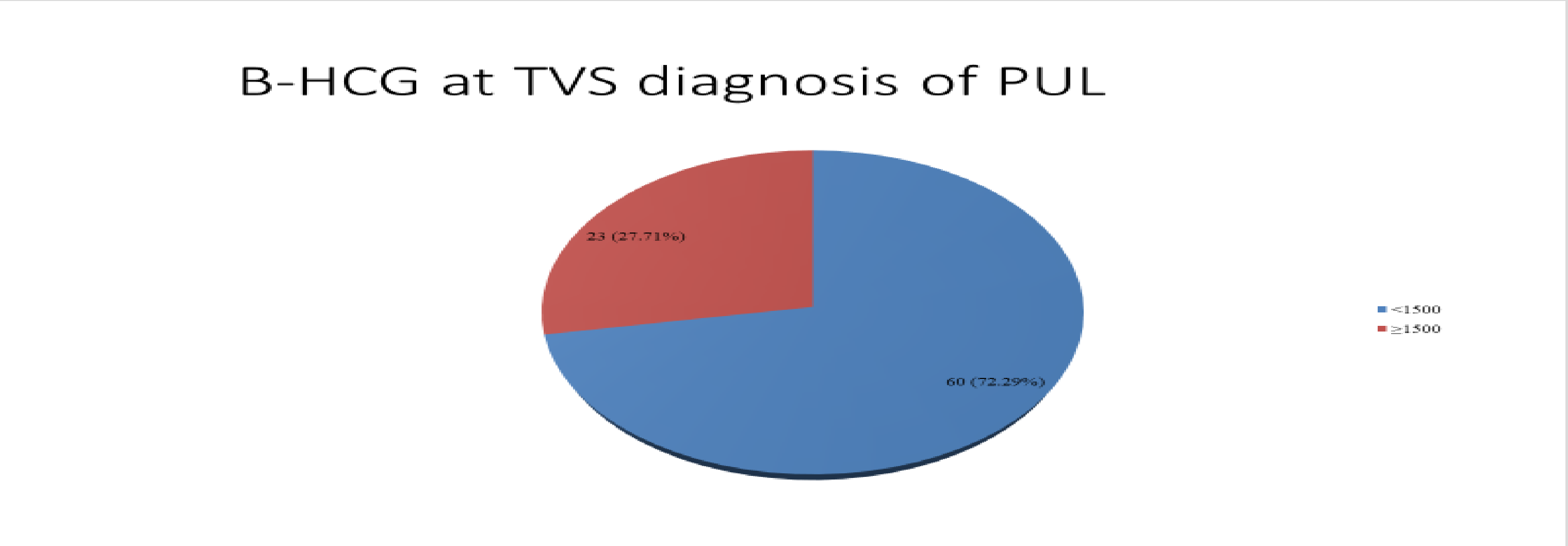
Design: Retrospective analysis of all women seen in gynaecological assessment unit (GAU) and were diagnosed as having pregnancy of unknown location following a positive pregnancy test and a departmental transvaginal ultrasound scan. Data were collected over a three-month period.

Methods: A total of 83 women were identified over this period. Data were extracted from patients record electronically on HIVE. These were reviewed to determine compliance with local policy and RCOG guidelines relating to PUL. Various outcomes as practiced were analysed. These were in relation to presenting symptoms, numbers of B-HCGs, escalation to consultant, information to patients and outcome of PUL



Service review of pregnancy of unknown location in a hospital in Manchester
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Results



Conclusion: High levels of diagnoses of PUL on scan observed, despite B-HCG levels been above 1500. Based on policy, discussions with consultant are required if 3 or more B-HCGs. This was not done in almost half of cases. All patients under review presented with one symptom or more. More than one-third of patients under review had 3 or more B-HCG before definitive diagnosis of PUL was made. Almost half of these were not discussed with consultant as stipulated in the policy. Those with 48 – hour B-HCGs levels less than 50% are meant to be discharged with a urine pregnancy test in 14 days. This review showed 17% non-compliance. Eventual outcome of patients with PUL showed half of the patients had miscarriage. Only about one-sixth eventually had ectopic pregnancy with one – fifth continuing with viable pregnancies. Recommendations would include raising awareness of the high level of cases of those diagnosed as PUL on scan despite B-HCG levels been above 1500. Also, encouraging discussion with consultant for those requiring 3 or more B-HCGs is required. This will help to minimize potential delays in management of those who would have benefited from medical management. Also, ensuring all patients with 48 B-HCG decrease less than 50% are discharged with PT test in 14 days.