

## Early Pregnancy Complications Care Provider Information Sheet

Please use the attached flow chart and referral form for patients presenting to the Emergency Department (ED) with early pregnancy pain and/or bleeding.

The PSC referral form should be completed for all patients who are being discharged from the ED and also those who require admission to Ward 210 out of hours. These should be completed and then emailed via ED reception to: [rie.psc@nhslothian.scot.nhs.uk](mailto:rie.psc@nhslothian.scot.nhs.uk)

Email subject should be patient name and CHI number.

Out of hours, the aim of this flow chart and referral form is to minimise the need to make contact with the on-call Gynaecology Registrar. If patients are well and suitable for PSC follow up they should be referred using an emailed referral form and discharged directly from the ED. If patients require admission for significant pain and/or bleeding but are haemodynamically stable then you should contact ward 210 and arrange for admission. The on-call Gynaecology Registrar should be contacted for those patients who are haemodynamically unstable and require urgent review in the ED. If you aren't sure get advice from an ED ST4+.

This pathway is not suitable for patients presenting with hyperemesis. These patients should be discussed with the gynae team if they require admission.

### In-hours Service Available



The Pregnancy Support Centre (PSC) is located on site at the RIE and is a specialist nurse led unit which cares for women in early pregnancy, less than 12 weeks gestation, with complications such as pain and/or bleeding. They offer a telephone triage system and can offer face-to-face appointments for those who need to be examined and have further investigations. The PSC has the following opening times:

- **Monday - Friday 08:30 - 17.00hrs**
- **Saturday - Sunday 09:00 - 15.30hrs**

In hours they can be contacted on the following numbers: **22438** or **22425**

### Some Useful Information

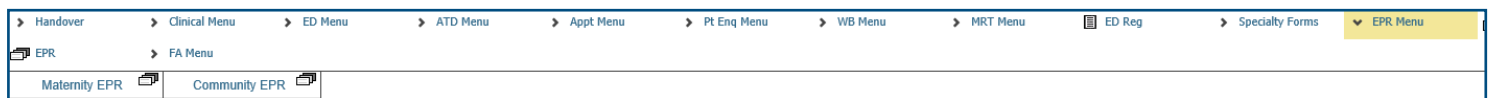
The purpose of this pathway is to ensure that these patients receive appropriate and timely specialist care, at what is often a very distressing time, while trying to minimise any undignified lengthy waits in the Emergency Department. It is often difficult to give a definite diagnosis or be reassuring about these types of presentations without access to ultrasound imaging or serial blood tests.

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What we know:

- Some women have pain and/or bleeding in the early stages of pregnancy. This is relatively common and it's often no cause for concern.
- These symptoms can however be a sign of problems with the pregnancy such as miscarriage or ectopic pregnancy.
- A miscarriage happens in around 1 in 5 pregnancies
- An ectopic pregnancy happens in around 1 in 100 pregnancies
- If this episode is the start of a miscarriage, there isn't any intervention that gynaecology can offer to change the outcome.

If a patient has already been seen by the PSC, information about their attendance is available to view via the Maternity TRAK Icon. You should be able to access this. EPR Menu -> Maternity EPR





## Ultrasound

- There is no access to formal ultrasound out of hours.
- Ultrasound can be useful in certain circumstances. The decision about who requires an ultrasound will be made by the PSC team after telephone triage.
- Being able to see an intra-uterine pregnancy on ultrasound does not mean that this isn't a miscarriage.
- Please do not promise an ultrasound scan to patients who are discharged with a PSC referral.

## Discharging Patients

- Simple analgesia such as paracetamol is recommended for pain. Ibuprofen is best avoided in the first trimester.
- Give all patients a card with the PSC contact details. These are kept with the information leaflets on both sides of the department (POD B&D).
- Give clear worsening advice and document this in the notes.
- If the patient has any concerns overnight they can call ward 210 for advice.

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