

<b>Reference Number:</b> <b>Version Number: 1</b>	<b>Date of Next Review: March 2027</b> <b>Previous Trust/LHB Reference Number:</b>
<b>Title</b> <b>Standard Operating Procedure for Management of Suspected Miscarriage or Ectopic Pregnancy in Antenatal Clinic</b>	
<b>Introduction and Aim</b> To standardise the care offered to women with suspected miscarriage and/or ectopic pregnancy in the antenatal clinic at University Hospital of Wales and University Hospital Llandough	
<b>Objectives</b> <ul style="list-style-type: none"> <li>• To outline the common conditions diagnosed at dating and other early pregnancy scans which require management or onward referral to gynaecology</li> <li>• To outline the referral pathway</li> <li>• To highlight the required patient resources available</li> </ul>	
<b>Scope</b> This policy applies to all healthcare professionals in all locations including those with honorary contracts	
<b>Equality Health Impact Assessment</b>	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
<b>Documents to read alongside this Procedure</b>	<b>“Unexpected Findings at your Dating Scan” patient information leaflet</b> <b>“Miscarriage Options” patient information leaflet</b> <b>EPAU Referral Form from ANC</b> <b>Management of Miscarriage</b> <b>Management of Ectopic Pregnancy and Pregnancy of Unknown Location Guideline</b>
<b>Approved by</b>	<i>Gynaecology Professional Forum</i>

<b>Accountable Executive or Clinical Board Director</b>	<i>Ruth Walker, Executive Nurse Director</i>
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	<b><u>Disclaimer</u></b>
<p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <a href="#">Governance Directorate</a>.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments

Patients who present to ANC for routine booking appointments are sometimes unexpectedly found to have had an early pregnancy loss. This is a particularly traumatic event as women often have had no symptoms and do not suspect that there may be a problem. The environment is usually celebratory with other women receiving good news, and women consistently report that their experience is a traumatic and upsetting one.

Managing women receiving news about suspected pregnancy loss requires compassion and empathy, as well as effective communication between acute Gynaecology and the EPAU ( Early Pregnancy Assessment Unit) and the Antenatal Clinic (ANC).

This SOP aims to standardise the transfer of information to ensure that communication is clear between services and that women receive timely and appropriate care.

This SOP is accompanied by further documentation

- “Unexpected Findings at your Dating Scan” patient information leaflet
- “Miscarriage Options” patient information leaflet
- EPAU Referral Form from ANC. This **must** accompany the patient to C1 or be filed in her antenatal notes if no further care in Gynaecology is required.

## Unexpected Findings at Dating Scan

The most common findings requiring early pregnancy advice are:

- An empty uterus. This may indicate that the patient has not been pregnant; has had a complete miscarriage; has a very early intrauterine pregnancy or an ectopic pregnancy.
- A suspected miscarriage. This may be a very early pregnancy or a possible miscarriage whose measurements do not allow for definitive diagnosis
  - A gestation sac <25mm in mean sac diameter without a fetal pole
  - A fetal pole <7mm without a visible fetal heartbeat
  - A second sonographer is not available to confirm findings
- A confirmed miscarriage

The woman should be offered a private space, away from the general clinic in which to discuss the scan findings.

### An empty uterus

Perform a urine pregnancy test. If this is negative then, sadly, the woman has had a miscarriage and no further treatment is required. This should be documented in the antenatal notes and/or the electronic patient record.

If the pregnancy test is positive, the woman will need to be seen on C1 on the same day by the EPAU nurse/nurse practitioner/doctor or the ward doctor.

As there is a possibility of ectopic pregnancy she must have a medical assessment, including blood tests. A repeat scan in EPAU may be arranged or performed.

The patient should be offered the "Unexpected Findings on your Dating Scan" leaflet which briefly outlines the next steps and has contact information for ward C1.

### A suspected miscarriage

A repeat ultrasound scan will need to be performed at an interval of 7-14 days depending on the type of scan performed in ANC. If a TVS is performed, the repeat scan should be offered after a minimum of 7 days.

If only an abdominal scan has been performed, the repeat scan must be in a minimum of 14 days.

If a patient declines a TVS, the implications of this for the rescan interval should be explained and clearly documented in the medical notes.

The woman can attend C1 to discuss her scan findings on the same or another day or she can choose to await her rescan.

The "Unexpected findings on your dating scan" leaflet should be given and the repeat appointment date and time documented. C1 contact numbers are included. The "Miscarriage Options" leaflet can also be offered.

### A confirmed miscarriage

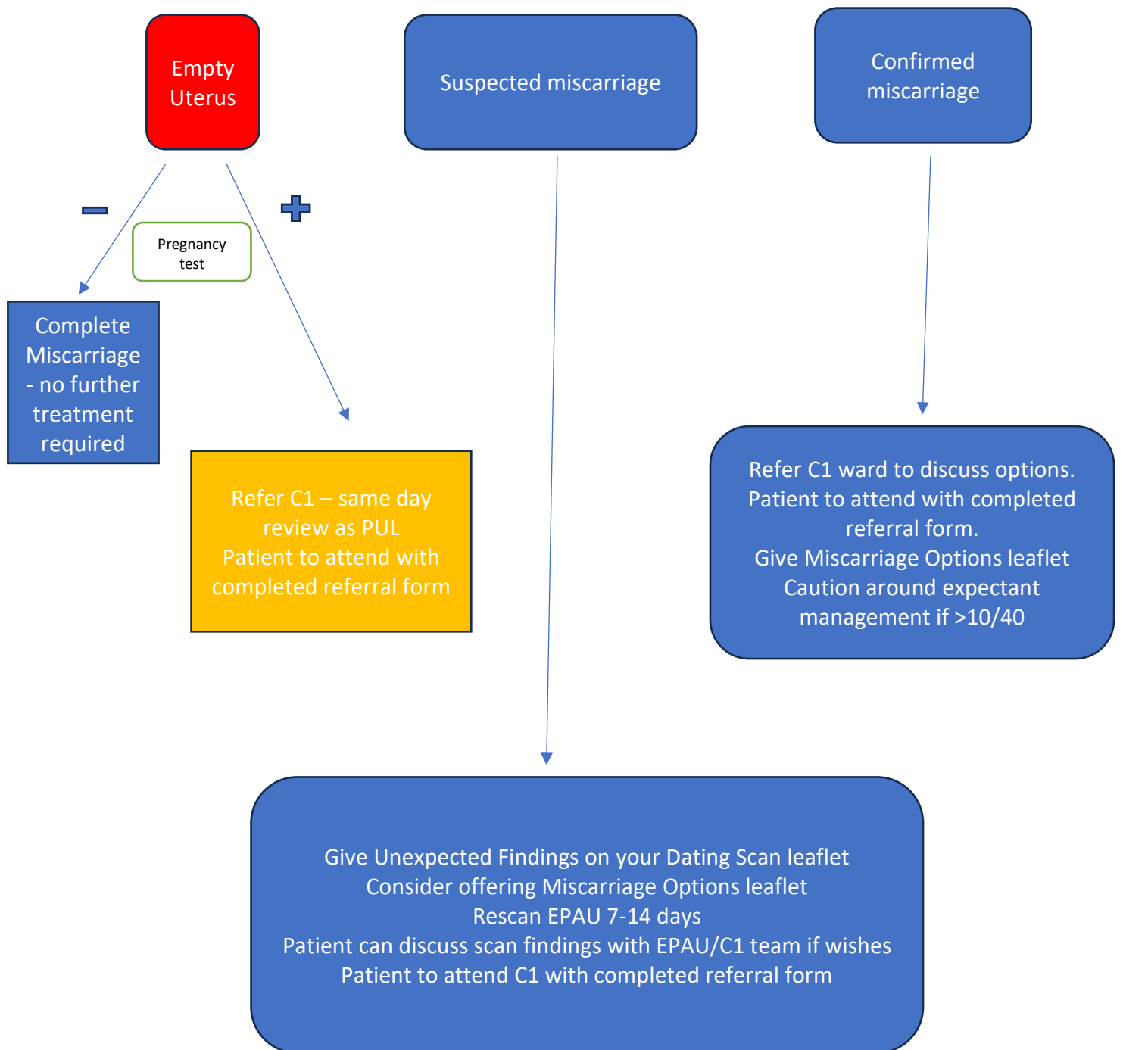
The woman should be given the opportunity to speak to the C1 doctor on the same or another day of her choosing. This does not require an EPAU appointment.

The leaflet Miscarriage Options should be provided.

Women over 10 weeks gestation on scan measurements are not generally advised to have conservative or at home management, because of the higher risk of haemorrhage and retained tissue. If women wish to avoid intervention, they should still be seen on C1 ward so that adequate counselling and safety netting can occur.

Women can request a repeat confirmatory ultrasound scan. This will need to be booked as a routine appointment in EPAU.

## Unexpected Findings on Dating scan



If other concerning findings on scan contact ESL on 47004 to discuss further