



## Standard Operating Procedure (SOP) for referral of women between 6 and 13+6 weeks gestation to the Early Pregnancy Unit

SOP title	Standard Operating Procedure for referral of women between 6 and 13+6 weeks gestation to the Early Pregnancy Unit
SOP No.	
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## 1. Purpose:

1.1 The purpose of this Standard Operating Procedure (herein referred to as SOP) is outline the referral criteria for women between 6 and 13+6 weeks gestation to the Early Pregnancy Unit (herein referred to as EPU).

1.2 The SOP ensures that Swansea Bay University Health Board is adhering to the guidance outlined by NICE guideline [NG126] **Ectopic pregnancy and miscarriage: diagnosis and initial management**, with particular reference to section 1.2 Early pregnancy assessment services point 1.2.3. In addition, guidance is in line with information obtained from The Association of Early Pregnancy Units (AEPU).

### 1.3 Scope

1.3.1 This SOP will be the core document for the development of future SOPs, thus acting as a guideline when considering changes due to developments in evident-based research new qualitative or quantitative data, and/or best practice.

1.3.2 This SOP will be reviewed and approved before use and training will be given on all SOPs to ensure coherent and consistent methodological practice.

1.3.3 The NICE (National Institute for Health and Care Excellence) guideline highlights the best practice when delivering early pregnancy care and the methods required to provide a standardised, evidence-based approach. The guidance's NICE accreditation ensures ethical, scientific and evidence-based information, and rigorous, independent assessment of evidence.

## 2. Applies to:

2.1 Staff who refer to the EPU. This includes:

- General Practitioners
- Accident and Emergency Doctors
- Midwives
- Gynaecology Ward
- All staff involved in the care of patients within the EPU department

## 3. Definitions:

SOP- Standard operating procedure

EPU- Early pregnancy unit

NICE- National institute for health and care excellence

PAS- Pregnancy advisory service

RPOC- Retained products of conception

SBUHB- Swansea Bay university health board



AEPU- The association of early pregnancy units  
TOP- Termination of pregnancy  
RIF and LIF- Right iliac fossa and Left iliac fossa  
USS- Ultrasound scan

#### 4. Policy:

Relevant policies to the SOP are as follows:

- SBUHB Management of miscarriage protocol
- Protocol for Management of Ectopic Pregnancy
- NICE Guideline [NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management

#### 5. Procedure:

##### 5.1 Referral

All patients must be referred to the EPU in order to be triaged, allowing the nurses within the EPU to provide correct advice to patients and appoint accordingly. Sources of referral include:

- General Practitioner
- Midwives
- Accident and Emergency
- Gynaecology ward
- Post natal ward (for those up to 6 weeks post-natal suspected of RPOC)

N.B. This list is not exhaustive

##### **5.2 The EPU does not accept self-referrals from patients. All patients must be referred from one of the above sources**

##### 5.3 PAS Patients.

If there is a concern that a patient has RPOC post termination, the PAS clinic are happy to follow up their patients and they should be contacted on 01792 200303. If there are any further concerns (i.e, signs of infection or acute symptoms) then the gynaecology registrar on-call can be contacted for further advice.

##### 5.4 Referral Criteria

##### **5.4.1 All patients must be between 6 and 13+6 weeks gestation to be referred to the EPU**

5.4.2 The following is a list of criteria symptoms/presentations, of which the patient must display at least one of the following:

- PV spotting or bleeding or a blood-stained discharge
- Abdominal pain (central cramping pain, RIF or LIF pain)
- 4 weeks post natal with a suspicion of RPOC



-4 weeks post TOP with a suspicion of RPOC (although as previously mentioned, these patients should ideally be seen at the PAS clinic)

### 5.5 Inappropriate Referrals

Inappropriate referral lead to delays in appropriate referrals being actioned upon and can cause unnecessary distress to the patient. These include:

- Asymptomatic patients who are unsure of gestational stage
- Asymptomatic patients who have a history of ectopic or molar pregnancy (these patients are able to be referred to a reassuring scan service)
- Asymptomatic patients who have suffered multiple miscarriages or later pregnancy loss (again, these patients are able to be referred to a reassuring scan service)
- Patients under 6 weeks gestation. Serial  $\beta$ hCG and follow up sample 48 hours later for comparison can be taken in the community or primary care settings, when applicable.

### 5.6 Triage

5.6.1 Once a referral has been received by the receptionist at the EPU, it will be passed on to a registered nurse in order for them to contact the patient via telephone, to complete a focused clinical triage, consisting of a background history assessment and symptom assessment, combined with clinical judgement and patients will be advised and appointed accordingly. Telephone translation services are available for overseas patients.

5.6.2 If there is no response from the patient, a message will be left on a voicemail facility if available. It will not state who is calling but a number will be provided for the patient to return the call to (01792 286868).

5.6.3 The EPU aims to contact all patients on the same day as referral, however, workload and the time of the referral reaching the EPU can sometimes result in the patient being triaged the next working day. The working hours of the EPU are 8:30-16:00. The EPU is closed on bank holidays and weekends.

5.6.4 The patients will either be advised to observe their symptoms for anything between 12 and 48 hours (depending on their risk factors and current symptoms) or will be appointed to the next available clinic slot at the EPU. All patients are given the contact details for the EPU should they need to call back to report any worsening symptoms or persistence of symptoms and are advised on what to look out for symptomatically. If symptoms resolve within the agreed observation period then the patient is to continue with their routine ante natal care.

5.6.5 **Referral to the EPU does not mean an appointment for USS will be given automatically.** Referral sources need to manage patients' expectations and ensure that the patients are aware that they will be contacted for triage and advice in the first instance and USS appointments will only be given if deemed necessary. This helps to prevent conflicting information being given and avoids unnecessary stress being put on patients.



5.6.6 If a patient is seen in the EPU and a viable pregnancy is seen, they are discharged from the EPU. Any further symptoms will require a new referral.

## 6. Responsibilities

6.1 The responsibilities of maintaining the accuracy of this document lie with the author who is accountable under the NMC code for professional nurses and with the SBUHB who will review if a subsequent change happened within the SOP or within related policy or evidence.

6.2 All staff are responsible for reporting any concerns they may have with the SOP to their line manager.

## 7. References

Gynaecology Forum. (2013). *Protocol for Management of Ectopic Pregnancy*. Microsoft Word - Protocol for Management of Ectopic Pregnancy.doc (nhs.wales). Accessed June 2023

Hodge, F. & Gronow, A. (2021). *Management of Miscarriage Protocol*. wisdom.nhs.wales/health-board-guidelines/swansea-bay-gynaecology-file/miscarriage-management-of-sb-gynae-guideline-2021-pdf/. Accessed June 2023

Nursing & Midwifery Council. (2018). *The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. <http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revISED-new-nmc-code.pdf>

NICE Guideline NG126 Ectopic pregnancy and miscarriage: Diagnosis and initial management (2021). <https://www.nice.org.uk/guidance/ng126/resources/ectopic-pregnancy-and-miscarriage-diagnosis-and-initial-management-pdf-66141662244037>

The Association of Early Pregnancy Units. The Association of Early Prenancy Units (aepu.org.uk). Accessed 13<sup>th</sup> June, 2023.

**This SOP will be reviewed every three years and an update SOP will be revised is current evidence or practice change in the interim, therefore replacing the original document.**

