

Hospital of St John & St Elizabeth

60 Grove End Road, London NW8 9NH

Patient Information Sheet

The Early Pregnancy Assessment Clinic

Introduction

The early pregnancy assessment clinic (EPAC) aims to provide a **One Stop** approach to care for women with concerns and/or complications in early pregnancy.

This consultant led team will examine, scan and where necessary, undertake appropriate blood tests at the first appointment.

There is also a midwifery led team that also provides additional and complimentary support.

The clinic provides easy access whether referred by your GP or as a self referral and currently operates on a Wednesday evening and Saturday morning.

The types of problems that may be suitable for us to see are as follows:

- Bleeding in early pregnancy
- Pelvic pain - in the presence of a positive pregnancy test
- Possible miscarriage
- Severe nausea and vomiting in early pregnancy
- Anxiety due to previous miscarriage or ectopic pregnancy
- Assessment of an assisted conception pregnancy
- Pre-pregnancy assessment and counseling

Most complaints will fall into one of these types of problems, but this list does not cover all clinical scenarios and the clinic is open to anyone who is concerned or anxious about their pregnancy or a potential pregnancy.

Who will see you in the EPAC?

The consultant responsible for the EPAC is Mr Emeka Okaro, Consultant Obstetrician and Gynaecologist at St Bartholomew's and the Royal London Hospital's NHS Trust.

Mr Okaro is on the General Medical Council's Specialist Register for Obstetrics and Gynaecology and is an accredited specialist in the use of ultrasound to manage early pregnancy problems.

What will happen to you in the clinic?

In the clinic we aim to find out more about early pregnancy concerns/complications and the vast majority of women attending will undergo a transvaginal ultrasound (TVS) which will assist in clarifying the diagnosis.

On occasions we will take a blood sample to measure for of the hormones produced in pregnancy, such as human chorionic gonadotrophin (hCG) and progesterone.

We will ask you

- To give a brief outline of the problem that you have with the current pregnancy, the day of your last period and whether you have had any significant gynaecological or other medical problems in the past.
- If you have not had a pregnancy test you will be asked to provide a sample of urine for this to be done.
- You may be asked to provide a blood sample so that we can measure the pregnancy hormone level in your blood.
- We may ask you to come back after a few days or a week to repeat either the scan or blood test or both.

Other Frequently Asked Questions & Answers

Q Will I need to drink lots of water and have a full bladder before my appointment?

A No. in fact any empty bladder is required for a transvaginal scan.

Q What do you mean by 'transvaginal ultrasound'?

A Ultrasound works by sending out sound waves at a target (in this case your womb) and then by analysing the pattern produced by the echoes that are bounced back – rather like the use of 'sonar' to detect submarines! You will probably be familiar with scans carried out in pregnancy. These are performed by passing a probe over the tummy and usually require the bladder to be full. In early pregnancy or when scanning for gynecological problems it is better to place the probe in the vagina, closer to the womb. In this way clearer images can be obtained. The vaginal probe is about the size of a tampon, and for most women the examination is not uncomfortable. If it is the examination will be stopped. A further advantage for this approach is that the bladder does not need to be full, which will make both waiting and the examination more comfortable.

Q What do they do to the probe between examinations?

A During the examination the probe is covered with a thick latex* sheath, rather like an extremely thick condom. Between scans the probe is cleaned with an alcohol based cleaner and then covered with a new latex probe cover.

**Please tell the consultant if you have a reason to believe you have a latex allergy*

Q What is the point of the blood test?

A The blood test measures the level of the hormones hCG and progesterone in the blood stream. These hormones are produced from the start of pregnancy. We know what the level of hCG hormone should be for any particular stage of an early pregnancy and also the rate at which it should rise or fall. For example we would always expect to see a pregnancy inside the womb using transvaginal ultrasound when the hCG level is over 1000. If the hCG level rises too slowly this may indicate that the pregnancy is not inside the uterus but is growing in the tube (ectopic pregnancy). However if the hCG level falls this may indicate that unfortunately the pregnancy has failed. The progesterone level also helps ascertain if the pregnancy is viable.

Results

The scan result will be available immediately, and blood results by the end of that working day. All results will be discussed with you and a written report of the consultation will be sent to your G.P. or referring consultant the same day. There are several possible diagnoses that may be made in early pregnancy. However the main concerns for most women are whether or not they are having a miscarriage or whether they have an ectopic pregnancy. We will briefly explain the advice you may be given in the advent of these possible outcomes.

Normal Results

Most women, even if they have quite heavy bleeding are told that they are still pregnant and that the heartbeat of the embryo (the name given to the baby in the first few weeks) can be seen. We will also be able to date the pregnancy by measuring the size of the developing embryo. The scan will not tell us what will happen over the next few weeks. If you have any more bleeding after the scan you will need to check the baby's heart beat again. If we do see a heartbeat, we will send you home and you can be reassured about the state of the pregnancy. No further treatment is necessary. If any further problems arise we will of course be happy to see you again.

Abnormal results

Unfortunately sometimes the outcome is not good, and we find that either a miscarriage is taking place or that there is an ectopic pregnancy.

Miscarriage

If the scan and/or blood tests show that beyond doubt the pregnancy has failed, you will be given two options.

The options for treatment are to perform a D&C (scrape), to make sure that the uterus is empty and to stop any bleeding or wait for nature to take its course and allow the miscarriage to occur naturally. Each case is different and we will discuss your individual circumstances with you and choose the most suitable option.

Ectopic pregnancy

If the scan reveals an ectopic pregnancy, we will strongly advise you to remain in hospital and be admitted without going home. Ectopic pregnancy is a common condition where the pregnancy develops in the fallopian tube (the tube that connects the ovary to the uterus). If the condition is allowed to continue untreated, in most cases rupture of the tube will occur. This will lead to extremely heavy internal bleeding and is obviously dangerous. If you are admitted to hospital we would plan to do an operation called a laparoscopy. This means that after giving you a general anaesthetic (which means you would be asleep), we insert a small telescope just below the umbilicus (belly button). This allows us to look at the tubes and assess whether there is an ectopic pregnancy present.

If one is there, we can then perform surgery using the laparoscope (key hole surgery) to remove the pregnancy. Usually this can be done without removing the tube although sometimes this is not possible, unfortunately nothing can be done to help the pregnancy (which means we cannot try to put the pregnancy into the uterus). In most cases only an overnight stay in hospital is required.

What if we are not sure?

Sometimes we perform a scan and find that the pregnancy is too early for us to see anything in the uterus (before 5 weeks). This is usually referred to as a 'Pregnancy of Unknown Location'. If we do not see a pregnancy in the uterus we must be sure that there is not an ectopic pregnancy that we have not been able to see.

In this situation we may ask you for a blood test to check the level of the pregnancy hormone hCG in your blood stream. If the level is less than 1000 it is probably too early to see the pregnancy and we would ask you for another sample 48 hours later.

If the level is high (over 1000) we would be concerned as to why we could not see a pregnancy inside your uterus and have a strong suspicion that there may be an ectopic pregnancy. We would then either admit you to hospital or send you home and monitor your condition very carefully.

If you do have a blood test and are sent home you will be advised to phone the EPAC the same or following day for the result and advice.

When we scan you we may see a pregnancy in the uterus, however it may be too early for us to see either an embryo or heart beat. If that is the case we will ask you to come for a repeat scan in one or two weeks. In general it is usually possible to see a heart beat at 6 weeks.

Long term

If you have had bleeding in early pregnancy and the scan shows the pregnancy continuing satisfactorily, the bleeding is not something that will cause problems later in pregnancy to either you or your baby.

If you have experienced a miscarriage, we can arrange for you to be seen by our counselling team here in the hospital. If it is not the first time a miscarriage has happened we can undertake further tests to investigate whether there are any underlying causes for the miscarriages.

If you have an ectopic pregnancy treated it does have implications for future pregnancies as the risk of another ectopic is increased. We will advise you to return to the EPAC for a transvaginal scan as soon as you become pregnant again so that we can check that the pregnancy is correctly sited in the uterus.

Midwifery Care

The first part of the Early Pregnancy Assessment Clinic is consultant lead, but we also recognize that for many women the limitations within the NHS leave them frustrated and in need of additional and complementary support. As a consequence the second part of the service is co-ordinated by our midwifery team.

Appointments are booked by the hour to allow plenty of time for women or couples to discuss issues at their leisure.

The service offers the following support and advice on:

- Anxiety about getting pregnant
- Early pregnancy information on what is available in the NHS and private sector. It may be you have just found out you are pregnant and don't know what to do next. We will discuss your options with you so you feel you have some direction
- Information on antenatal screening
- When to be seen by your midwife or doctor
- Information on home birth whether you are accessing NHS or private services
- Ways to feel more empowered
- Work and exercise
- Nutrition
- Any issues that interest or concern you helping you feel in control of your pregnancy and birth.

We hope that this information helps you to understand what we are trying to do and what happens in the clinic. This sheet is intended as a general guide as not all visits are the same. Please ask questions about what we are doing and about any advice you are given, that is what we are here for!

Useful websites

www.miscarriageassociation.org.uk

www.ectopic.org

Hospital of St John & St Elizabeth

60 Grove End Road,

London NW8 9NH

020 7806 4030

www.hje.org.uk

email: info@hje.org.uk

Information compiled: December 2005

Last Reviewed: July 2007