CG154 Ectopic pregnancy and miscarriage

Professor Mary Ann Lumsden, Chair of the Guideline Development Group, and GP Dr Nicola Davies, who also worked on the guidance, discuss the recommendations on the diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage. This podcast includes information on the importance of establishing a seven-days a week early pregnancy assessment service and advice on how GPs can diagnose symptoms of ectopic pregnancy.

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Podcast transcript

"Hello and welcome to this podcast from NICE. This month sees the launch of a new clinical guideline on the diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage.

"Joining me to discuss the guidance is Professor Mary Ann Lumsden, who was the Chair of the Guideline Development Group. I will also be joined later on by GP Dr Nicola Davies."

Q1: "How common is pain and bleeding in early pregnancy?"

ML: "It's an extremely common problem. Probably around 43,000/44,000 women are admitted with miscarriage problems every year and about 11,000 with potential ectopic pregnancies and so it is a very great burden to the services. And in addition, there are many more women who are not admitted to hospital and it is probable that the numbers are at least twice that."

Q2: "How often do these symptoms lead to a miscarriage or ectopic pregnancy?"

ML: "With miscarriage the vast majority will go on to a healthy, safe pregnancy. It is a minority that will actually miscarry, although the numbers are about 20 per cent of pregnancies will miscarry. However with ectopic pregnancy, those who actually come to doctors and to the hospital, and once the diagnosis is made, a vast majority of them will be treated within the hospital setting."

Q3: "Now, this is the first national guidance on this topic and the guidance recommends that early pregnancy assessment services should be made available seven days a week for women with early pregnancy complications. What's the current situation like for women?"

ML: "Well, it's very, very variable. And, of course, one of the main purposes of guidelines is to try and improve the care for all women across England and Wales, and often beyond England and Wales. And the situation is that some centres do have units that work seven days a week, others five days a week, some three mornings a week. And so it's so variable.

"And although we couldn't say with absolute confidence we should have a dedicated unit seven days a week we are very keen that there is a good service seven days a week where women can have an ultrasound scan, can be seen by an expert who is able to look at the whole picture and come to a conclusion regarding their care."

Q4: "What are the benefits of extending this service to seven days a week?"

ML: "Well, it's always a little bit difficult if you only have a service, say, five days a week because there is Saturday and Sunday. And so if you start having a problem on Friday it

may be that you would either have to wait until Monday morning to be seen in an expert service or you will come through the emergency services. The dedicated care with people who are really interested in the problem, understand it fully, can often be all that is really needed at that time."

Q5: "When should a woman be referred to an early pregnancy assessment centre?"

ML: "Well, usually the women who are referred to the early pregnancy assessment centre are those who are bleeding in early pregnancy. Occasionally it is those who only have pain. And then there are other women who, for example, have had a previous ectopic pregnancy or previous problems in pregnancy and who are very, very anxious.

"We are keen that where possible a majority of patients should be seen by another healthcare professional, for example their general *practitioner*, before coming into the service in order that the service can focus on those who really will best benefit from it."

Q6: "So I imagine there will need to be some reorganisation of services to create a seven day service and some potential cost implications. Will it be a cost effective thing to do?"

ML: "It should be. A vast majority of regions will have some level of service. They will also have at weekends an out-of-hours; they will also have those who have the expertise to make decisions and to perform the ultrasound scans. However, it will mean reorganisation to make sure that there is availability of these services.

"And also as the trainee doctors, for example, get training that is more focused on early pregnancy, and this is happening for quite a significant number of them, then the expertise will come through and be available.

"Mary Ann, thank you very much for your time."

"I'm now joined by GP Dr Nicola Davies."

Q1: "This new guidance includes recommendations for GPs on how to diagnose an ectopic pregnancy. Why is it so difficult to diagnose?"

ND: "It's very difficult because often the woman doesn't know she's pregnancy, perhaps because she's had a period just a few weeks before or her period is not even late maybe.

"Secondly because ectopic pregnancies don't present in any obvious way so they tend to be quite subtle and they can present with numerous signs and symptoms. For example, it could be a late period, there could be breast tenderness – maybe the only sign that she has that she's pregnant. There may be some bleeding of variable amounts, which she may or may not really have taken any notice of, and there may or may not be pain.

"There are other vague symptoms such as it may present as a urinary infection, it may present as bowel symptoms. She may have diarrhoea, a feeling of pressure on the bowel.

"So it's so vague in someone who doesn't necessarily know that she's pregnant so therefore you have to firstly consider this woman might be pregnant and then think, oh, no, maybe she's got an ectopic pregnancy. And that's what makes it so difficult in primary care."

Q2: "And what does the guidance recommend to improve this situation?"

ND: "The first thing is that all GPs have access to pregnancy tests. And although that seems very basic I'm not sure that every single practice in the country would have pregnancy tests on-hand and also be willing to use them in someone who may or may not be pregnant."

Q3: "How important is it for a GP to make an early diagnosis of an ectopic pregnancy?"

ND: “So what we want is to be able to diagnose ectopic in a timely manner at an early stage when it’s not a risk to the woman’s life and at a time when different treatment options are available to her.

“So, for example, if it’s a small ectopic pregnancy at an early stage then she can be offered medical management, rather than necessarily having to have surgery, which has obviously got a better prognosis in terms of her future fertility.”

Q4: “And when should a GP refer a woman on to a specialist assessment service, which has been mentioned in the guidance?”

ND: “I think the GP should have a fairly low threshold for referral to the assessment units. Women are doing pregnancy tests earlier and earlier so I think the only time really that a GP shouldn’t is if the gestation is very, very early.

“So under six weeks it would be very unlikely that a scan would be helpful. Obviously if there are clinical indications, so, for example, if she had significant pain then you might query the gestation and you might still want to refer.

“But if someone comes to you with a small amount of bleeding, no pain, who is under six weeks then probably the GP wouldn’t necessarily refer to the assessment service because it may not provide a diagnosis that the woman wants and it might be more appropriate for that woman to be reviewed in 10 or 14 days, at a later gestation. Otherwise I think any woman that presents over a six week gestation with any pain or bleeding should be referred for specialist management.”

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