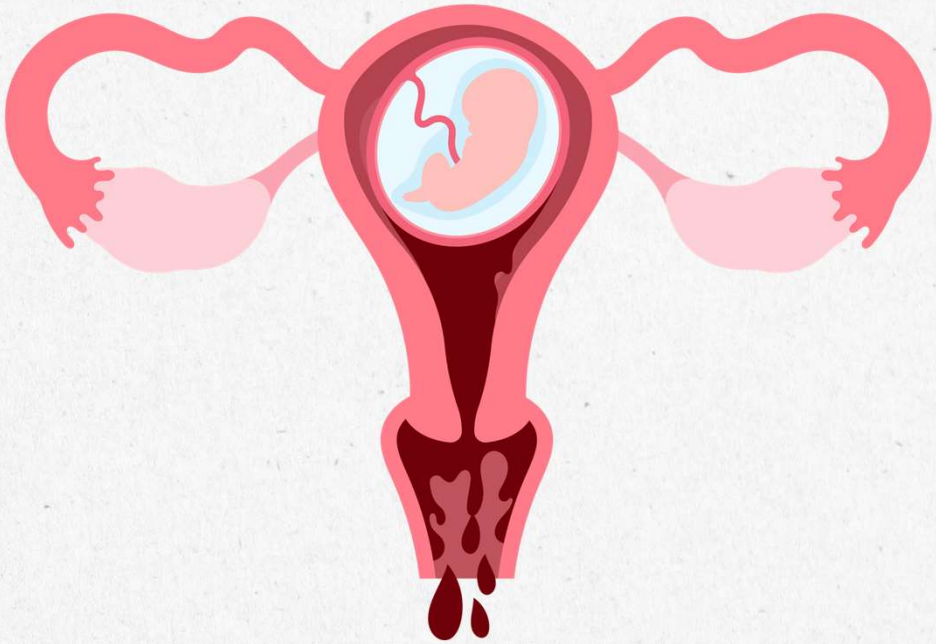
EARLY PREGNANCY BLEEDING: ASSESSMENT & MANAGEMENT IN DDH EDs

Presentation by Jasmyn Dew, Jenna Jones, Yanuka Perera & Katharina Gutjahr-Holland



Early Pregnancy Bleeding

Key Concepts

Vaginal (PV) bleeding in a pregnant woman before 20 weeks' gestation

Incidence

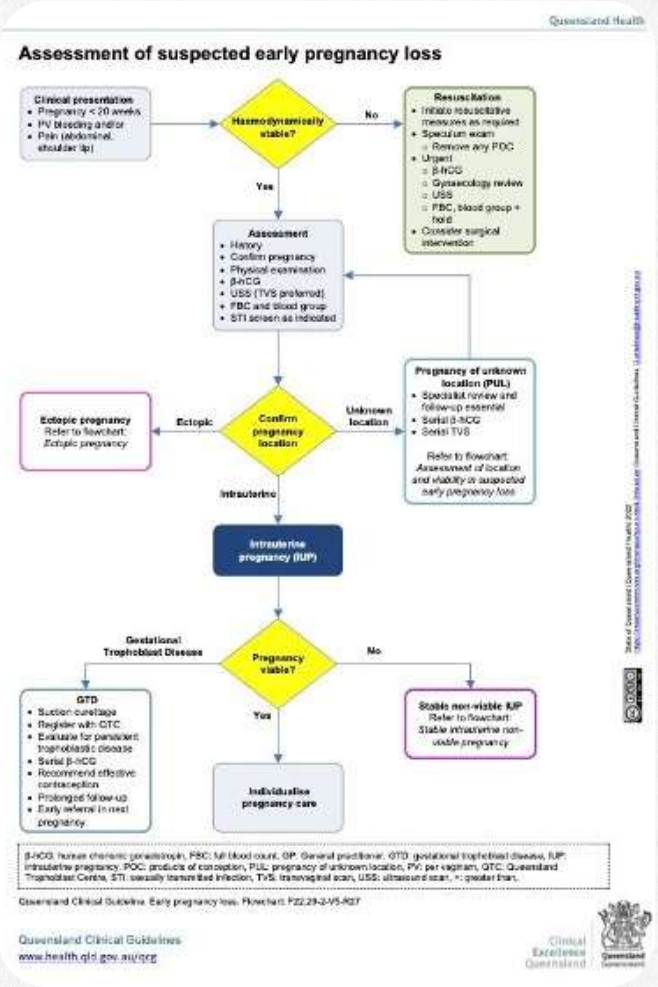
- Approximately 25% of women who are pregnant will experience early pregnancy bleeding[1]
- Around 1% of ED presentations relate to early pregnancy bleeding[2,3]

Common Causes

- Miscarriage (~15% of recognised pregnancies)[4]
- Ectopic pregnancy (1- 2% incidence)[5]
- Bleeding in a viable intrauterine pregnancy e.g. subchorionic haematoma[6]/implantation bleeding[7]
- Rare causes - gestational trophoblastic disease and non-pregnancy related causes e.g. malignancy/infection[7]

QLD Early Pregnancy Loss Guidelines

1. Stabilise Patient
2. Confirm Pregnancy Location
3. Determine Viability



Approval from Darling Downs HHS

Data Analysed using descriptive statistics

Results dissimenated to peers and DDH medical community

Ethics Approval → **Data Collection** → **Data Analysis** → **Evaluation of Results** → **Presentation**

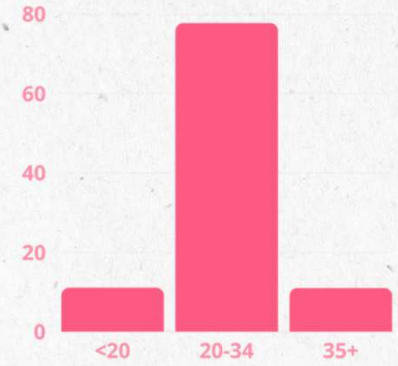
Chart audit of early pregnancy bleeding presentations to EDs of 3 DDH sites for the 2023 calendar year (n=90)

Relevant results and practice points extrapolated

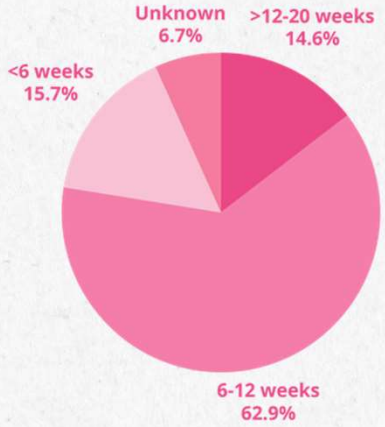
RESULTS

Patient Demographics

Age Distribution



Gestation at Presentation

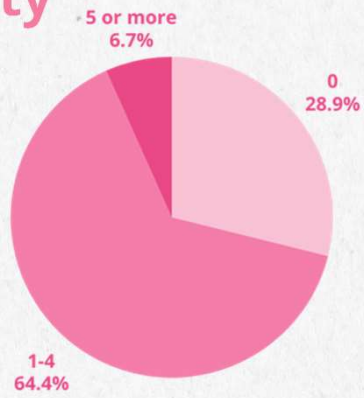


19% identified as Aboriginal and/or Torres Strait Islander

10% have previously had a termination

42% have previously had a miscarriage

Parity

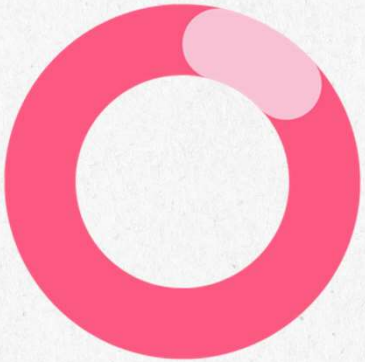


Adherence to Guidelines

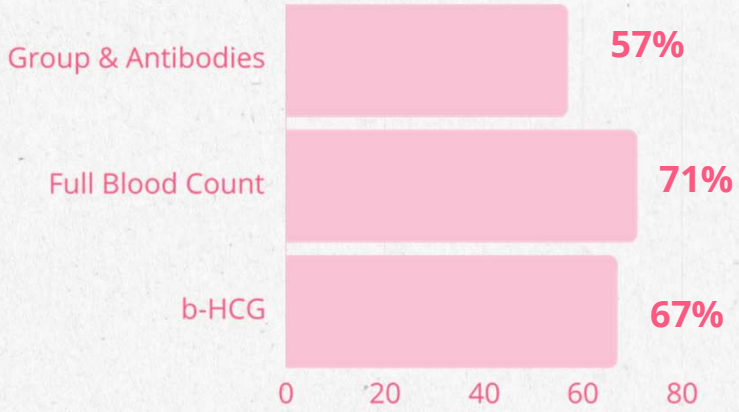
34% were offered or received a speculum examination

7% were offered or received a vaginal examination

54% received an ultrasound scan

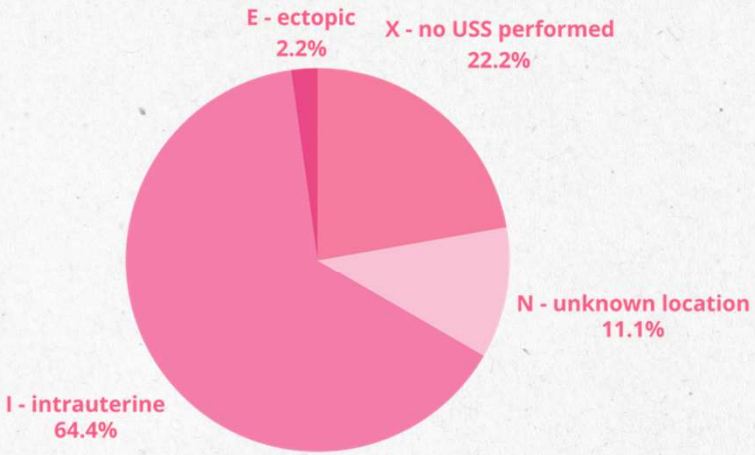


17% had a Sexually Transmitted Infection screen

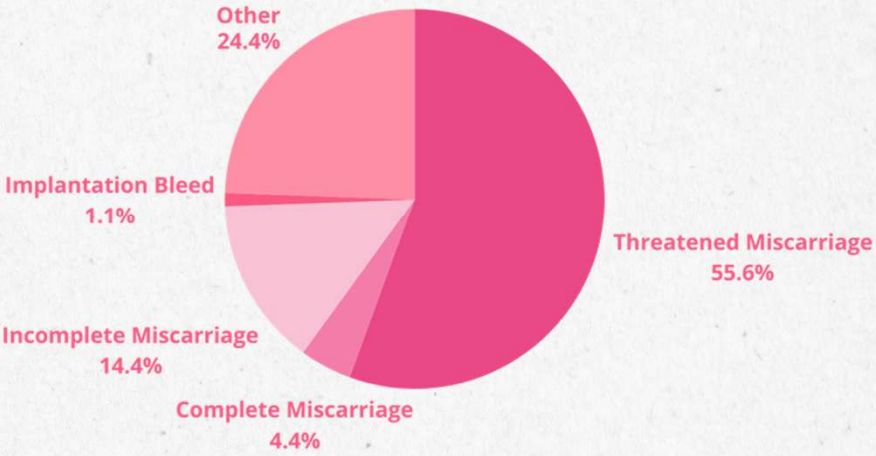


Rates of Blood Tests Ordered

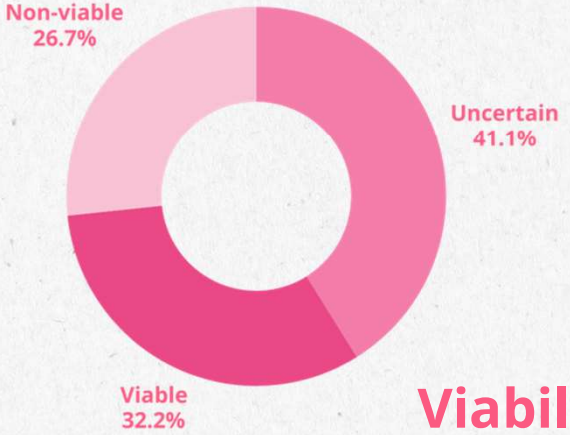
Diagnosis of Early Pregnancy Loss



Location



Diagnosis

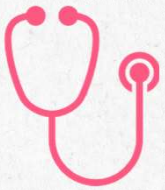


Viability

Follow Up Activities

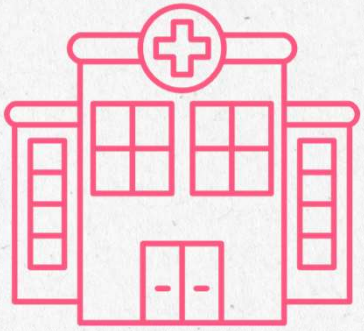
65%

were referred to appropriate follow up services e.g. GP, Early Pregnancy Assessment Services, Maternity



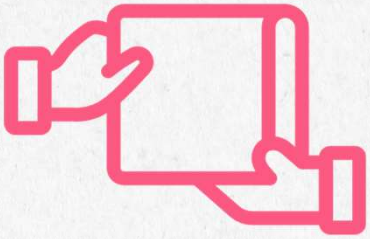
60%

were safety netted for reasons to re-present



3%

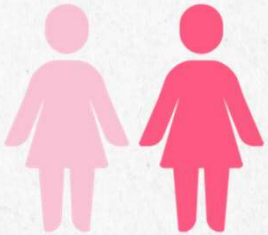
of patients were provided with written information



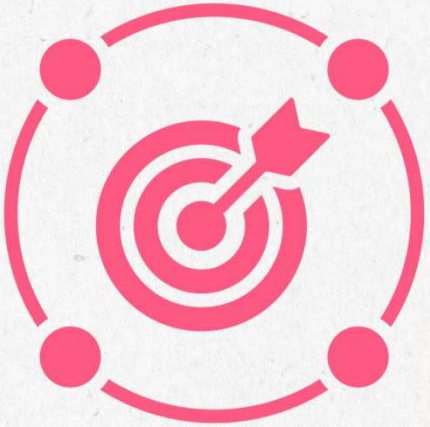
DISCUSSION

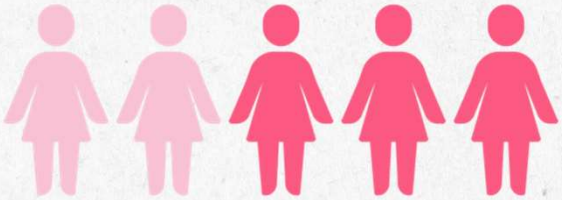
Key Findings

Low rate of speculum and vaginal examinations



1 in 2 patients received an ultrasound scan whilst in the ED





2 in 5 women left the department with uncertainty regarding their pregnancy

Lack of appropriate documentation of discharge planning – follow up, safety netting and utilization of written information

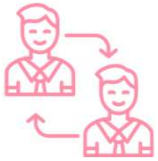
Areas for Improvement

Documentation Practices

Enhance accuracy and thoroughness of documentation for early pregnancy PV bleeding cases, ensuring key clinical actions and decisions are recorded consistently to support quality care and continuity.

Follow-Up Care Protocols

Follow-Up Care Protocols Strengthen follow-up procedures for discharged patients, including clearer pathways for outpatient care and communication between rural and tertiary facilities to maintain continuity of care.



Guideline Compliance

Guideline Compliance Address observed non-compliance with Queensland Health guidelines, focusing on understanding barriers and reinforcing guideline adherence to improve patient outcomes.

Recommendations

Consider contextual adaptions for the existing guidelines

- The current Queensland Health guidelines don't necessarily account for all challenges faces in rural settings, such as limited resources and specialist support

Improve Documentation

- Standardise thorough patient record-keeping & documentation of ED presentations through regular chart reviews

Strengthen Follow-Up Care

- Establishing clear follow-up protocols for continuity of care particularly in our communities where access to GPs is becoming increasingly difficult.

Develop ED Checklist

- Create site-specific checklists tailored to investigations, management and follow-up services available locally to aid in guideline adherence

Limitations of Audit

Service and Investigation Constraints in Rural Settings

- Rural hospitals face limitations in providing certain services recommended by the guidelines, such as on-site formal or transvaginal ultrasound, impacting their ability to fully adhere to standard protocols.

Data Collection and Accessibility Challenges

- Incomplete or missing data in patient records may limit the accuracy of our assessment, making it difficult to evaluate adherence to every aspect of the guideline comprehensively.

Assumptions of Guideline as Gold Standard

- This audit presumes the guideline as the ideal standard for all cases. However, clinical judgment is crucial, and strict adherence may not always be appropriate depending on individual patient factors and the rural context.

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